

COVID-19 Pediatric Research

PID 284

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Codebook ▾

Data Dictionary Codebook

09/03/2021 12:57pm

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Collapse all instruments

	#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)						
Instrument: Biomedical Recommended Measures (biomedical_recommended_measures) <div>⤴ Collapse Collapse</div>										
	1	subject_number	Subject Number	text, Required						
	2	biomedintro	Section Header: <i>COVID-19 Pediatric Biomedical Recommended Measures</i> The following document includes the Biomedical Pediatric Working Group's recommended instruments for collecting information on the Group's Tier 1 and Tier 2 data elements, organized by Domain. Document Notes:- Navigation: You may use the Navigation Pane to efficiently navigate the document. To do so, click "View" on the top of the Word doc and check the box labeled "Navigation Pane" under "Show." - Endnotes: References are marked by endnotes; you may hover over or click on the endnote to display the reference, and modifications to the source if applicable.- Tiers: Tier 1 elements are marked in Blue, Tier 2 elements are marked in Green Common Data Elements (CDE) User Guidance:- Unless specified, the units for specified age groups are in years.	descriptive						
	3	download	Please click the link below to download the document.	descriptive						
	4	biomedical_recommended_measures_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									
Instrument: Baseline Child Health (baseline_child_health) <div>📄 Enabled as survey ⤴ Collapse Collapse</div>										
	5	ch_enrolldt	Date participant was enrolled in study (protocol specific)	text (date_mdy) Custom alignment: RH						

6	ch_cond1	<p>Section Header: <i>Underlying Conditions</i></p> <p>Significant underlying medical conditions at the time of COVID-19 testing or diagnosis:</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>ch_cond1__1</td><td>Diabetes type I</td></tr> <tr><td>2</td><td>ch_cond1__2</td><td>Diabetes type II</td></tr> <tr><td>3</td><td>ch_cond1__3</td><td>Obesity</td></tr> <tr><td>4</td><td>ch_cond1__4</td><td>Asthma</td></tr> <tr><td>5</td><td>ch_cond1__5</td><td>Bronchopulmonary dysplasia (BPD)</td></tr> <tr><td>6</td><td>ch_cond1__6</td><td>Cystic fibrosis</td></tr> <tr><td>7</td><td>ch_cond1__7</td><td>Obstructive sleep apnea</td></tr> <tr><td>8</td><td>ch_cond1__8</td><td>Tracheomalacia</td></tr> <tr><td>9</td><td>ch_cond1__9</td><td>Cancer</td></tr> <tr><td>10</td><td>ch_cond1__10</td><td>HIV/AIDS</td></tr> <tr><td>11</td><td>ch_cond1__11</td><td>Hematopoietic cell recipient/bone marrow transplant recipient</td></tr> <tr><td>12</td><td>ch_cond1__12</td><td>Solid organ transplant recipient</td></tr> <tr><td>13</td><td>ch_cond1__13</td><td>Rheumatologic conditions (e.g. rheumatoid arthritis, systemic lupus erythematosus, vasculitis)</td></tr> <tr><td>14</td><td>ch_cond1__14</td><td>Hypertension</td></tr> <tr><td>15</td><td>ch_cond1__15</td><td>Congenital heart disease</td></tr> <tr><td>16</td><td>ch_cond1__16</td><td>Heart failure</td></tr> <tr><td>17</td><td>ch_cond1__17</td><td>Cardiomyopathy</td></tr> <tr><td>18</td><td>ch_cond1__18</td><td>History of Kawasaki Disease (not a current diagnosis)</td></tr> <tr><td>19</td><td>ch_cond1__19</td><td>History of MIS-C (not a current diagnosis)</td></tr> <tr><td>20</td><td>ch_cond1__20</td><td>Inflammatory bowel disease</td></tr> </table> <p>Custom alignment: LV</p> <p>Field Annotation: WHO Post COVID Case Report Form Biomedical Pediatric Working Group (WG) modifications https://cdn.who.int/media/docs/default-source/3rd-edl-submissions/who_crf_postcovid_feb9_2021.pdf?sfvrsn=76afd14_1&download=true</p>	1	ch_cond1__1	Diabetes type I	2	ch_cond1__2	Diabetes type II	3	ch_cond1__3	Obesity	4	ch_cond1__4	Asthma	5	ch_cond1__5	Bronchopulmonary dysplasia (BPD)	6	ch_cond1__6	Cystic fibrosis	7	ch_cond1__7	Obstructive sleep apnea	8	ch_cond1__8	Tracheomalacia	9	ch_cond1__9	Cancer	10	ch_cond1__10	HIV/AIDS	11	ch_cond1__11	Hematopoietic cell recipient/bone marrow transplant recipient	12	ch_cond1__12	Solid organ transplant recipient	13	ch_cond1__13	Rheumatologic conditions (e.g. rheumatoid arthritis, systemic lupus erythematosus, vasculitis)	14	ch_cond1__14	Hypertension	15	ch_cond1__15	Congenital heart disease	16	ch_cond1__16	Heart failure	17	ch_cond1__17	Cardiomyopathy	18	ch_cond1__18	History of Kawasaki Disease (not a current diagnosis)	19	ch_cond1__19	History of MIS-C (not a current diagnosis)	20	ch_cond1__20	Inflammatory bowel disease
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7	ch_cond2	Significant underlying medical conditions at the time of COVID-19 testing or diagnosis:	<div>checkbox</div> <table border="1"> <tr><td>1</td><td>ch_cond2__1</td><td>Feeding tube dependent</td></tr> <tr><td>2</td><td>ch_cond2__2</td><td>Sickle cell disease</td></tr> <tr><td>3</td><td>ch_cond2__3</td><td>Thrombotic disorders</td></tr> <tr><td>4</td><td>ch_cond2__4</td><td>Chronic liver disease</td></tr> <tr><td>5</td><td>ch_cond2__5</td><td>Chronic kidney disease</td></tr> <tr><td>6</td><td>ch_cond2__6</td><td>Seizure disorder/epilepsy</td></tr> <tr><td>7</td><td>ch_cond2__7</td><td>Eczema</td></tr> <tr><td>8</td><td>ch_cond2__8</td><td>Physical disability (including cerebral palsy)</td></tr> <tr><td>9</td><td>ch_cond2__9</td><td>Down syndrome</td></tr> <tr><td>10</td><td>ch_cond2__10</td><td>Congenital syndromes/anomalies or genetic conditions including other chromosomal syndromes</td></tr> <tr><td>11</td><td>ch_cond2__11</td><td>Premature or neonatal conditions</td></tr> <tr><td>12</td><td>ch_cond2__12</td><td>Pregnancy (if of reproductive age)</td></tr> <tr><td>96</td><td>ch_cond2__96</td><td>Other conditions (specify)</td></tr> </table> <div>Custom alignment: LV</div>	1	ch_cond2__1	Feeding tube dependent	2	ch_cond2__2	Sickle cell disease	3	ch_cond2__3	Thrombotic disorders	4	ch_cond2__4	Chronic liver disease	5	ch_cond2__5	Chronic kidney disease	6	ch_cond2__6	Seizure disorder/epilepsy	7	ch_cond2__7	Eczema	8	ch_cond2__8	Physical disability (including cerebral palsy)	9	ch_cond2__9	Down syndrome	10	ch_cond2__10	Congenital syndromes/anomalies or genetic conditions including other chromosomal syndromes	11	ch_cond2__11	Premature or neonatal conditions	12	ch_cond2__12	Pregnancy (if of reproductive age)	96	ch_cond2__96	Other conditions (specify)
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96	ch_cond2__96	Other conditions (specify)																																								
8	ch_cond2_spfy Show the field ONLY if: [ch_cond2(96)]='1'	Specify Other	<div>text</div> <div>Custom alignment: RH</div>																																							
9	ch_neocond	Premature and Neonatal Conditions (Tier 2)	<div>checkbox</div> <table border="1"> <tr><td>1</td><td>ch_neocond__1</td><td>Fetal malnutrition</td></tr> <tr><td>2</td><td>ch_neocond__2</td><td>Extreme immaturity</td></tr> <tr><td>3</td><td>ch_neocond__3</td><td>Cerebral hemorrhage at birth</td></tr> <tr><td>4</td><td>ch_neocond__4</td><td>Spinal cord injury at birth</td></tr> <tr><td>5</td><td>ch_neocond__5</td><td>Birth asphyxia</td></tr> <tr><td>6</td><td>ch_neocond__6</td><td>Respiratory diseases</td></tr> <tr><td>7</td><td>ch_neocond__7</td><td>Hypoxic-ischemic encephalopathy</td></tr> <tr><td>96</td><td>ch_neocond__96</td><td>Other</td></tr> </table> <div>Custom alignment: LV</div> <div>Field Annotation: Feudtner C, Feinstein JA, Zhong W, Hall M, Dai D. Pediatric complex chronic conditions classification system version 2: updated for ICD-10 and complex medical technology dependence and transplantation. BMC Pediatr. 2014 Aug 8;14:199. doi: 10.1186/1471-2431-14-199. PMID: 25102958; PMCID: PMC4134331. https://pubmed.ncbi.nlm.nih.gov/25102958/</div>	1	ch_neocond__1	Fetal malnutrition	2	ch_neocond__2	Extreme immaturity	3	ch_neocond__3	Cerebral hemorrhage at birth	4	ch_neocond__4	Spinal cord injury at birth	5	ch_neocond__5	Birth asphyxia	6	ch_neocond__6	Respiratory diseases	7	ch_neocond__7	Hypoxic-ischemic encephalopathy	96	ch_neocond__96	Other															
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10	ch_neocond_spfy Show the field ONLY if: [ch_neocond(96)] = '1'	Specify other	<div>text</div>																																							
11	ch_descr	Section Header: <i>Family History Comorbidities (Tier 2)</i> Have any family members (parent/sibling) been diagnosed with any of the following medical conditions currently or in the past?	<div>descriptive</div> <div>Field Annotation: MUSIC Case Report Form Biomedical Pediatric WG prioritized response list</div>																																							

	12	ch_obese	Obesity	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>	1	Yes	0	No	98	Unknown
1	Yes									
0	No									
98	Unknown									
	13	ch_diabete1	Diabetes type I	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>	1	Yes	0	No	98	Unknown
1	Yes									
0	No									
98	Unknown									
	14	ch_diabete2	Diabetes type II	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>	1	Yes	0	No	98	Unknown
1	Yes									
0	No									
98	Unknown									
	15	ch_fibro	Fibromyalgia (amplified pain syndrome)	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>	1	Yes	0	No	98	Unknown
1	Yes									
0	No									
98	Unknown									
	16	ch_ra	Rheumatologic conditions (e.g. rheumatoid arthritis, systemic lupus erythematosus, vasculitis)	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>	1	Yes	0	No	98	Unknown
1	Yes									
0	No									
98	Unknown									
	17	ch_thrombotic	Thrombotic disorders	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>	1	Yes	0	No	98	Unknown
1	Yes									
0	No									
98	Unknown									
	18	ch_othcomorb	Other significant comorbidity (specify)	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>	1	Yes	0	No	98	Unknown
1	Yes									
0	No									
98	Unknown									
	19	ch_othcomorb_spfy Show the field ONLY if: [ch_othcomorb]='1'	Specify other significant comorbidity	<div>text</div> <div>Custom alignment: RH</div>						

20	ch_mcov	<div>Section Header:</div> <div>If the participant is in first year of life, did the participant's mother test positive for COVID-19 while pregnant or nursing?</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Prefer Not to Answer</td></tr></table> <div>Field Annotation: MUSIC Case Report Form Biomedical Pediatric WG prioritized response list</div>	1	Yes	0	No	98	Unknown	99	Prefer Not to Answer
1	Yes										
0	No										
98	Unknown										
99	Prefer Not to Answer										
21	ch_dcov	<div>If participant is in first year of life, did the participant's father or other caregiver test positive for COVID-19?</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Prefer Not to Answer</td></tr></table> <div>Field Annotation: MUSIC Case Report Form Biomedical Pediatric WG prioritized response list</div>	1	Yes	0	No	98	Unknown	99	Prefer Not to Answer
1	Yes										
0	No										
98	Unknown										
99	Prefer Not to Answer										
22	ch_ht	<div>Section Header: <i>Health Status (Height/Weight)</i></div> <div>Height</div> <div><i>cm</i></div>	<div>text (number)</div> <div>Custom alignment: RH</div> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1 RADxCDE https://www.radxrad.org/resource/guidance-for-use-of-common-data-elements-cdes/</div>								
23	<div>ch_ht_na</div> <div>Show the field ONLY if: [ch_ht]=""</div>		<div>radio</div> <table><tr><td>0</td><td>Not available</td></tr></table> <div>Custom alignment: RH</div>	0	Not available						
0	Not available										
24	ch_wt	<div>Weight</div> <div><i>g</i></div>	<div>text (number)</div> <div>Custom alignment: RH</div> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1 RADxCDE https://www.radxrad.org/resource/guidance-for-use-of-common-data-elements-cdes/</div>								
25	<div>ch_wt_na</div> <div>Show the field ONLY if: [ch_wt]=""</div>		<div>radio</div> <table><tr><td>0</td><td>Not available</td></tr></table> <div>Custom alignment: RH</div>	0	Not available						
0	Not available										
26	ch_headcircum_cm	<div>Head Circumference (Only for children less than two years of age) (Tier 2)</div> <div><i>cm</i></div>	<div>text (number)</div> <div>Custom alignment: RH</div> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1 RADxCDE https://www.radxrad.org/resource/guidance-for-use-of-common-data-elements-cdes/</div>								
27	<div>ch_headcircum_cm_na</div> <div>Show the field ONLY if: [ch_headcircum_cm]=""</div>		<div>radio</div> <table><tr><td>0</td><td>Not available</td></tr></table> <div>Custom alignment: RH</div>	0	Not available						
0	Not available										

	28	ch_bf	<div>Section Header: <i>Breastfeeding (Tier 2)</i></div> <div>If the participant is in first year of life, is he or she being breastfed or fed pumped milk?</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Prefer Not to Answer</td></tr></table> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1 RADxCDE https://www.radxrad.org/resource/guidance-for-use-of-common-data-elements-cdes/</div>	1	Yes	0	No	98	Unknown	99	Prefer Not to Answer				
1	Yes															
0	No															
98	Unknown															
99	Prefer Not to Answer															
	29	ch_covid_vac	<div>Section Header: <i>COVID-19 Vaccination History</i></div> <div>Has the participant received a COVID-19 vaccine?</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Prefer Not to Answer</td></tr></table> <div>Field Annotation: CONNECTS NHLBI Common Data Elements https://nhlbi-connects.org/common_data_elements</div>	1	Yes	0	No	98	Unknown	99	Prefer Not to Answer				
1	Yes															
0	No															
98	Unknown															
99	Prefer Not to Answer															
	30	ch_covid_vac_name <div>Show the field ONLY if: [ch_covid_vac]='1'</div>	<div>Which vaccine brand/type did the participant receive?</div>	<div>radio</div> <table><tr><td>1</td><td>Pfizer</td></tr><tr><td>2</td><td>Moderna</td></tr><tr><td>3</td><td>Johnson and Johnson</td></tr><tr><td>4</td><td>AstraZeneca</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>96</td><td>Other (specify)</td></tr></table> <div>Field Annotation: CONNECTS NHLBI Common Data Elements https://nhlbi-connects.org/common_data_elements</div>	1	Pfizer	2	Moderna	3	Johnson and Johnson	4	AstraZeneca	98	Unknown	96	Other (specify)
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	31	ch_covid_vac_name_spfy <div>Show the field ONLY if: [ch_covid_vac_name] = '96'</div>	<div>Specify Other</div>	<div>text</div> <div>Custom alignment: RH</div>												
	32	ch_covid_vac_dose2 <div>Show the field ONLY if: [ch_covid_vac]='1'</div>	<div>Did the participant receive the second dose of the COVID-19 vaccine?</div>	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>97</td><td>N/A</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Prefer Not to Answer</td></tr></table> <div>Field Annotation: CONNECTS NHLBI Common Data Elements https://nhlbi-connects.org/common_data_elements</div>	1	Yes	0	No	97	N/A	98	Unknown	99	Prefer Not to Answer		
1	Yes															
0	No															
97	N/A															
98	Unknown															
99	Prefer Not to Answer															
	33	ch_covid_vac_date <div>Show the field ONLY if: [ch_covid_vac]='1'</div>	<div>1st Date of vaccination</div>	<div>text (date_mdy)</div> <div>Custom alignment: RH</div> <div>Field Annotation: CONNECTS NHLBI Common Data Elements @HIDEBUTTON</div>												
	34	ch_covid_vac_date2 <div>Show the field ONLY if: [ch_covid_vac_dose2]='1'</div>	<div>2nd Date of vaccination</div>	<div>text (date_mdy)</div> <div>Custom alignment: RH</div> <div>Field Annotation: CONNECTS NHLBI Common Data Elements @HIDEBUTTON</div>												

35	ch_covid_vac_rxn Show the field ONLY if: [ch_covid_vac]='1'	Did the participant have any adverse reactions or side effects?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>97</td><td>N/A</td></tr> <tr><td>98</td><td>Unknown</td></tr> <tr><td>99</td><td>Prefer Not to Answer</td></tr> </table> Field Annotation: CONNECTS NHLBI Common Data Elements https://nhlbi-connects.org/common_data_elements	1	Yes	0	No	97	N/A	98	Unknown	99	Prefer Not to Answer								
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0	No																				
97	N/A																				
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99	Prefer Not to Answer																				
36	ch_lcovid	Section Header: <i>PASC Symptom Resolution (Tier 2)</i> If the participant had long COVID/post-acute sequelae of COVID-19 (PASC) symptoms at the time of vaccination, did those symptoms change?	radio <table border="1"> <tr><td>1</td><td>Yes, full resolution of symptoms</td></tr> <tr><td>2</td><td>Yes, some improvement in symptoms</td></tr> <tr><td>3</td><td>Yes, worsening of symptoms</td></tr> <tr><td>4</td><td>No, no significant change</td></tr> </table> Field Annotation: CONNECTS NHLBI Common Data Elements https://nhlbi-connects.org/common_data_elements	1	Yes, full resolution of symptoms	2	Yes, some improvement in symptoms	3	Yes, worsening of symptoms	4	No, no significant change										
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37	ch_mccovid_vax	Section Header: <i>Maternal COVID-19 Vaccination History (Tier 2)</i> If participant is in first year of life, did the participant's mother receive vaccination for COVID-19 while pregnant or nursing?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Unknown</td></tr> <tr><td>99</td><td>Prefer Not to Answer</td></tr> </table> Field Annotation: Biomedical Pediatric WG	1	Yes	0	No	98	Unknown	99	Prefer Not to Answer										
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98	Unknown																				
99	Prefer Not to Answer																				
38	ch_immun	Section Header: <i>Current Vaccination Status (Tier 2) Parent Report About Child</i> Are the patient's immunizations up to date for their age at the time of COVID-19 diagnosis/assessment?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Unknown</td></tr> <tr><td>99</td><td>Prefer Not to Answer</td></tr> </table> Field Annotation: St. Jude Pediatric COVID-19 U.S. Registry Case Report Form	1	Yes	0	No	98	Unknown	99	Prefer Not to Answer										
1	Yes																				
0	No																				
98	Unknown																				
99	Prefer Not to Answer																				
39	ch_immun_rsn Show the field ONLY if: [ch_immun]='0'	If immunizations are not up to date, what is/are the reason(s) for not being up to date? (Check all that apply)	checkbox <table border="1"> <tr><td>1</td><td>ch_immun_rsn__1</td><td>Clinic was closed because of COVID-19</td></tr> <tr><td>2</td><td>ch_immun_rsn__2</td><td>Child had symptoms of COVID-19, so you cancelled appointment</td></tr> <tr><td>3</td><td>ch_immun_rsn__3</td><td>You cancelled appointments to avoid being around others/in a healthcare setting</td></tr> <tr><td>4</td><td>ch_immun_rsn__4</td><td>Other reasons related to COVID-19</td></tr> <tr><td>5</td><td>ch_immun_rsn__5</td><td>Other reasons not related to COVID-19</td></tr> <tr><td>99</td><td>ch_immun_rsn__99</td><td>Refused to answer</td></tr> </table> Custom alignment: LV Field Annotation: JHU COVID-19 Community Response Survey Q3a Modified to use only the COVID-19 related answer choices https://www.phenxtoolkit.org/toolkit_content/PDF/JHU_C4WARD_Health.pdf @NONEOFTHEABOVE=99	1	ch_immun_rsn__1	Clinic was closed because of COVID-19	2	ch_immun_rsn__2	Child had symptoms of COVID-19, so you cancelled appointment	3	ch_immun_rsn__3	You cancelled appointments to avoid being around others/in a healthcare setting	4	ch_immun_rsn__4	Other reasons related to COVID-19	5	ch_immun_rsn__5	Other reasons not related to COVID-19	99	ch_immun_rsn__99	Refused to answer
1	ch_immun_rsn__1	Clinic was closed because of COVID-19																			
2	ch_immun_rsn__2	Child had symptoms of COVID-19, so you cancelled appointment																			
3	ch_immun_rsn__3	You cancelled appointments to avoid being around others/in a healthcare setting																			
4	ch_immun_rsn__4	Other reasons related to COVID-19																			
5	ch_immun_rsn__5	Other reasons not related to COVID-19																			
99	ch_immun_rsn__99	Refused to answer																			

	40	ch_mmr_vac	Has the patient received any MMR vaccinations?	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Prefer Not to Answer</td></tr></table>	1	Yes	0	No	98	Unknown	99	Prefer Not to Answer
1	Yes											
0	No											
98	Unknown											
99	Prefer Not to Answer											
	41	ch_flu_vac	Has the patient received the current seasonal influenza vaccine?	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Prefer Not to Answer</td></tr></table>	1	Yes	0	No	98	Unknown	99	Prefer Not to Answer
1	Yes											
0	No											
98	Unknown											
99	Prefer Not to Answer											
	42	ch_rsv	Has the patient received palivizumab for prevention of respiratory syncytial virus (RSV)?	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Prefer Not to Answer</td></tr></table>	1	Yes	0	No	98	Unknown	99	Prefer Not to Answer
1	Yes											
0	No											
98	Unknown											
99	Prefer Not to Answer											
	43	ch_bcg_vac	Has the patient received the BCG vaccination?	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Prefer Not to Answer</td></tr></table>	1	Yes	0	No	98	Unknown	99	Prefer Not to Answer
1	Yes											
0	No											
98	Unknown											
99	Prefer Not to Answer											
	44	ch_rec_vac_date	Date of most recent vaccination (excluding vaccination for COVID-19)	<div>text (date_mdy)</div> <div>Custom alignment: RH</div> <div>Field Annotation: @HIDEBUTTON</div>								
	45	ch_med1	<div>Section Header: Baseline Medications/Treatment Current medication name including birth control medications and injections (repeat for each medication)</div> <div>Current Medication Name 1</div>	<div>text</div> <div>Custom alignment: RH</div> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 2</div>								
	46	ch_med2	Current Medication Name 2	<div>text</div> <div>Custom alignment: RH</div> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 2</div>								
	47	ch_med3	Current Medication Name 3	<div>text</div> <div>Custom alignment: RH</div> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 2</div>								
	48	ch_resp_covid	<div>Section Header:</div> <div>Respiratory support prior to onset of COVID-19?</div>	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH</div> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 2</div>	1	Yes	0	No				
1	Yes											
0	No											

49	ch_resp_covid_spfy Show the field ONLY if: [ch_resp_covid]='1'	Specify, check all that apply (Tier 2)	checkbox <table border="1"> <tr> <td>1</td> <td>ch_resp_covid_spfy__1</td> <td>Non-invasive respiratory support (e.g., CPAP, BiPAP)</td> </tr> <tr> <td>2</td> <td>ch_resp_covid_spfy__2</td> <td>Invasive respiratory support (e.g. mechanical ventilation via tracheostomy)</td> </tr> <tr> <td>3</td> <td>ch_resp_covid_spfy__3</td> <td>Tracheostomy</td> </tr> <tr> <td>4</td> <td>ch_resp_covid_spfy__4</td> <td>Supplemental oxygen</td> </tr> <tr> <td>98</td> <td>ch_resp_covid_spfy__98</td> <td>Unknown/Uncertain</td> </tr> </table> Custom alignment: LV Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 2 @NONEOFTHEABOVE=98	1	ch_resp_covid_spfy__1	Non-invasive respiratory support (e.g., CPAP, BiPAP)	2	ch_resp_covid_spfy__2	Invasive respiratory support (e.g. mechanical ventilation via tracheostomy)	3	ch_resp_covid_spfy__3	Tracheostomy	4	ch_resp_covid_spfy__4	Supplemental oxygen	98	ch_resp_covid_spfy__98	Unknown/Uncertain
1	ch_resp_covid_spfy__1	Non-invasive respiratory support (e.g., CPAP, BiPAP)																
2	ch_resp_covid_spfy__2	Invasive respiratory support (e.g. mechanical ventilation via tracheostomy)																
3	ch_resp_covid_spfy__3	Tracheostomy																
4	ch_resp_covid_spfy__4	Supplemental oxygen																
98	ch_resp_covid_spfy__98	Unknown/Uncertain																
50	baseline_child_health_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete									
0	Incomplete																	
1	Unverified																	
2	Complete																	

Instrument: **Manifestations: Clinical** (manifestations_clinical) 🟢 Enabled as survey

[^ Collapse](#)
[Collapse](#)

51	mc_intro	<p>Vital signs are routinely collected as part of the baseline visit to determine eligibility to participate in a trial, to serve as a reference point to select vital signs which may be trended during the trial, and to reveal potential indicators of severity and risk that may not otherwise be obvious. Thus, the Working Group recommends transmitting baseline vital signs as a common data point and encourages researchers to supplement this list with other vital signs as dictated by specific criteria in their individual trials.</p> <p>The Working Group is not currently recommending frequency for documentation of vital signs. Study sites should provide any core vital sign data that are collected for routine monitoring of participants. For example, vital sign data for ICU patients are typically charted every hour, and these data should be available through the electronic health record.</p> <p>For outpatient studies, core vital sign data elements should be taken with any in-person assessment. However, the reference time period for vital signs should be a 24-hour clock from midnight to midnight (00:00-23:59) to allow for consistency across studies.</p>	descriptive Field Annotation: CONNECTS NHLBI Common Data Elements https://nhlbi-connects.org/common_data_elements						
52	mc_vitals_date	Section Header: <i>Date and Time of Vital Signs</i> Date <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH						
53	mc_vitals_tm	Time <i>HHMM</i>	text (timenocolon) Custom alignment: RH						
54	mc_base_tmp	Section Header: <i>Vital Sign Timepoints</i> Baseline (e.g., at admission, at initial encounter if not admission)	radio <table border="1"> <tr> <td>1</td> <td>Admission</td> </tr> <tr> <td>2</td> <td>Initial Encounter if not admission</td> </tr> </table> Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1	1	Admission	2	Initial Encounter if not admission		
1	Admission								
2	Initial Encounter if not admission								
55	mc_prot_tmp	Protocol specific timepoints (e.g., Day 1 AM, Day 1 PM, Day 2 AM, at discharge, etc.)	radio <table border="1"> <tr> <td>1</td> <td>Day 1</td> </tr> <tr> <td>2</td> <td>Day 2</td> </tr> <tr> <td>3</td> <td>Discharge</td> </tr> </table> Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1	1	Day 1	2	Day 2	3	Discharge
1	Day 1								
2	Day 2								
3	Discharge								

	56	mc_tmp_unk		radio 98 Unknown Custom alignment: RH Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1
	57	mc_temp	Section Header: <i>Vital Signs</i> Body temperature <i>Celsius</i>	text (number) Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1
	58	mc_temp_unk Show the field ONLY if: [mc_temp]=""		radio 98 Unknown 97 N/A 99 Not Reported Custom alignment: RH
	59	mc_hrt	Heart rate <i>beats/min</i>	text (integer) Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1
	60	mc_hrt_unk Show the field ONLY if: [mc_hrt]=""		radio 98 Unknown 97 N/A 99 Not Reported Custom alignment: RH
	61	mc_systol	Systolic blood pressure <i>mmHg</i>	text (integer) Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1
	62	mc_systol_unk Show the field ONLY if: [mc_systol]=""		radio 98 Unknown 97 N/A 99 Not Reported Custom alignment: RH
	63	mc_diastol	Diastolic blood pressure <i>mmHg</i>	text (integer) Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1
	64	mc_diastol_unk Show the field ONLY if: [mc_diastol]=""		radio 98 Unknown 97 N/A 99 Not Reported Custom alignment: RH
	65	mc_respir	Respiratory rate <i>breaths/min</i>	text (integer) Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1
	66	mc_respir_unk Show the field ONLY if: [mc_respir]=""		radio 98 Unknown 97 N/A 99 Not Reported Custom alignment: RH

	67	mc_o2sat	Oxygen saturation %	text (number) Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1								
	68	mc_o2sat_unk Show the field ONLY if: [mc_o2sat]="		radio <table><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>N/A</td></tr><tr><td>99</td><td>Not Reported</td></tr></table> Custom alignment: RH	98	Unknown	97	N/A	99	Not Reported		
98	Unknown											
97	N/A											
99	Not Reported											
	69	mc_o2supp	Supplemental oxygen	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1	1	Yes	0	No				
1	Yes											
0	No											
	70	mc_symp_curr	Section Header: Symptoms/Physical Findings <i>Additional Guidance: Note that the two lists below are separated into an acute COVID-19/MIS-C symptom list and a Long COVID/PASC list (which includes the acute COVID-19/MIS-C list).</i> Which of the following were experienced during current illness and/or confirmed by physical exam? For each symptom indicate Yes/No/Unknown	descriptive Field Annotation: WHO Post COVID Case Report Form Biomedical Pediatric WG pediatric modifications https://cdn.who.int/media/docs/default-source/3rd-edl-submissions/who_crf_postcovid_feb9_2021.pdf?sfvrsn=76afd14_1&download=true RADx CDEs https://www.radxrad.org/resource/guidance-for-use-of-common-data-elements-cdes/								
	71	mc_abdomen	Section Header: Acute COVID/MIS-C Abdominal pain	radio (Matrix) <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	72	mc_bleed	Bleeding	radio (Matrix) <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	73	mc_chest	Chest pain	radio (Matrix) <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	74	mc_cough	Cough	radio (Matrix) <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											

	75	mc_cyanosis	Cyanosis (bluish lips/face)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	radio (Matrix)		1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
radio (Matrix)														
1	Yes - Experienced													
2	Yes - Experienced and Confirmed by Physical Exam													
0	No													
98	Unknown													
	76	mc_diarrea	Diarrhea	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	radio (Matrix)		1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
radio (Matrix)														
1	Yes - Experienced													
2	Yes - Experienced and Confirmed by Physical Exam													
0	No													
98	Unknown													
	77	mc_fatigue	Fatigue	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	radio (Matrix)		1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
radio (Matrix)														
1	Yes - Experienced													
2	Yes - Experienced and Confirmed by Physical Exam													
0	No													
98	Unknown													
	78	mc_fever	Fever - documented	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	radio (Matrix)		1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
radio (Matrix)														
1	Yes - Experienced													
2	Yes - Experienced and Confirmed by Physical Exam													
0	No													
98	Unknown													
	79	mc_fever_duration Show the field ONLY if: [mc_fever]='1' or [mc_fever]='2'	Duration in days	<table><tr><td colspan="2">text (number)</td></tr><tr><td colspan="2">Custom alignment: RH</td></tr></table>	text (number)		Custom alignment: RH							
text (number)														
Custom alignment: RH														
	80	mc_headache	Headache	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	radio (Matrix)		1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
radio (Matrix)														
1	Yes - Experienced													
2	Yes - Experienced and Confirmed by Physical Exam													
0	No													
98	Unknown													
	81	mc_ache	Muscle or body aches	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	radio (Matrix)		1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
radio (Matrix)														
1	Yes - Experienced													
2	Yes - Experienced and Confirmed by Physical Exam													
0	No													
98	Unknown													
	82	mc_congestion	Nasal congestion or runny nose	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	radio (Matrix)		1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
radio (Matrix)														
1	Yes - Experienced													
2	Yes - Experienced and Confirmed by Physical Exam													
0	No													
98	Unknown													

83	mc_nausea	Nausea/vomiting	radio (Matrix) 1 Yes - Experienced 2 Yes - Experienced and Confirmed by Physical Exam 0 No 98 Unknown
84	mc_neck	Neck pain	radio (Matrix) 1 Yes - Experienced 2 Yes - Experienced and Confirmed by Physical Exam 0 No 98 Unknown
85	mc_smell	New loss of taste or smell	radio (Matrix) 1 Yes - Experienced 2 Yes - Experienced and Confirmed by Physical Exam 0 No 98 Unknown
86	mc_palpitation	Palpitations	radio (Matrix) 1 Yes - Experienced 2 Yes - Experienced and Confirmed by Physical Exam 0 No 98 Unknown
87	mc_breathing	Shortness of breath or difficulty breathing	radio (Matrix) 1 Yes - Experienced 2 Yes - Experienced and Confirmed by Physical Exam 0 No 98 Unknown
88	mc_rash	Skin rash	radio (Matrix) 1 Yes - Experienced 2 Yes - Experienced and Confirmed by Physical Exam 0 No 98 Unknown
89	mc_throat	Sore throat	radio (Matrix) 1 Yes - Experienced 2 Yes - Experienced and Confirmed by Physical Exam 0 No 98 Unknown
90	mc_chills	Subjective fever/chills/rigors/night sweats	radio (Matrix) 1 Yes - Experienced 2 Yes - Experienced and Confirmed by Physical Exam 0 No 98 Unknown

91	mc_glands	Swollen glands	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes - Experienced</td></tr> <tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Unknown</td></tr> </table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced										
2	Yes - Experienced and Confirmed by Physical Exam										
0	No										
98	Unknown										
92	mc_glands_exam Show the field ONLY if: [mc_glands]='2'	If confirmed by physical exam, cervical lymphadenopathy (at least 1.5 cm in diameter) ?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Unknown</td></tr> </table> Custom alignment: RH	1	Yes	0	No	98	Unknown		
1	Yes										
0	No										
98	Unknown										
93	mc_pinkeye	Conjunctivitis (Red/pink eye(s))	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes - Experienced</td></tr> <tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Unknown</td></tr> </table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced										
2	Yes - Experienced and Confirmed by Physical Exam										
0	No										
98	Unknown										
94	mc_mucosal	Oral mucosal change	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes - Experienced</td></tr> <tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Unknown</td></tr> </table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced										
2	Yes - Experienced and Confirmed by Physical Exam										
0	No										
98	Unknown										
95	mc_mucosal_exam Show the field ONLY if: [mc_mucosal]='2'	If confirmed by physical exam were swollen, red, or cracked lips, strawberry tongue, and/or erythema of the oral/pharyngeal mucosa present?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Unknown</td></tr> </table> Custom alignment: RH	1	Yes	0	No	98	Unknown		
1	Yes										
0	No										
98	Unknown										
96	mc_peripheral	Changes in hands and feet (Peripheral extremity changes)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes - Experienced</td></tr> <tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Unknown</td></tr> </table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced										
2	Yes - Experienced and Confirmed by Physical Exam										
0	No										
98	Unknown										
97	mc_sym_oth	Other symptom(s)	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes - Experienced</td></tr> <tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Unknown</td></tr> </table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced										
2	Yes - Experienced and Confirmed by Physical Exam										
0	No										
98	Unknown										
98	mc_symp_oth_spfy Show the field ONLY if: [mc_sym_oth]='1' or [mc_sym_oth]='2'	Specify	text								

	99	mc_allodynia	Section Header: Long COVID/PASC, including above acute COVID/MIS-C symptoms list plus the following: Allodynia (pain out of proportion to the stimulus)	radio (Matrix) <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	100	mc_confusion	Altered level of consciousness/confusion	radio (Matrix) <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	101	mc_anorexia	Anorexia (decrease in appetite)	radio (Matrix) <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	102	mc_anxiety	Anxiety	radio (Matrix) <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	103	mc_feel	Cannot move and/or feel one side of body or face	radio (Matrix) <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	104	mc_depress	Depressed mood	radio (Matrix) <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	105	mc_dizzy	Dizziness/lightheadedness/blackouts	radio (Matrix) <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	106	mc_exertion	Exertional fatigue	radio (Matrix) <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											

	107	mc_forgetful	Forgetfulness	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	radio (Matrix)		1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
radio (Matrix)														
1	Yes - Experienced													
2	Yes - Experienced and Confirmed by Physical Exam													
0	No													
98	Unknown													
	108	mc_irritable	Irritability	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	radio (Matrix)		1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
radio (Matrix)														
1	Yes - Experienced													
2	Yes - Experienced and Confirmed by Physical Exam													
0	No													
98	Unknown													
	109	mc_orthostasis	Orthostasis (dizziness/lightheadedness/blackouts on sitting up or standing)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	radio (Matrix)		1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
radio (Matrix)														
1	Yes - Experienced													
2	Yes - Experienced and Confirmed by Physical Exam													
0	No													
98	Unknown													
	110	mc_orthostasis_confirm Show the field ONLY if: [mc_orthostasis]='2' or [mc_orthostasis]='1'	If yes, confirmed by changes in heart rate/blood pressure? [Tier 2]	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Custom alignment: RH	radio		1	Yes	0	No	98	Unknown		
radio														
1	Yes													
0	No													
98	Unknown													
	111	mc_joint	Joint pain	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	radio (Matrix)		1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
radio (Matrix)														
1	Yes - Experienced													
2	Yes - Experienced and Confirmed by Physical Exam													
0	No													
98	Unknown													
	112	mc_hallucinate	Hallucinations (seeing or hearing things others do not see or hear) [should not be completed for children < 15 years old]	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	radio (Matrix)		1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
radio (Matrix)														
1	Yes - Experienced													
2	Yes - Experienced and Confirmed by Physical Exam													
0	No													
98	Unknown													
	113	mc_hypersomnia	Hypersomnia	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	radio (Matrix)		1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
radio (Matrix)														
1	Yes - Experienced													
2	Yes - Experienced and Confirmed by Physical Exam													
0	No													
98	Unknown													
	114	mc_insomnia	Insomnia (difficulty sleeping)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	radio (Matrix)		1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
radio (Matrix)														
1	Yes - Experienced													
2	Yes - Experienced and Confirmed by Physical Exam													
0	No													
98	Unknown													

	115	mc_malaise	Malaise (including post-exertional malaise)	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	116	mc_weak	Muscle weakness	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	117	mc_paresthesia	Paresthesia (numbness or tingling somewhere in the body)	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	118	mc_pers_cough	Persistent cough	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	119	mc_pers_cough_prod Show the field ONLY if: [mc_pers_cough]='1' or [mc_pers_cough]='2'	If yes, productive?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>	1	Yes	0	No	98	Unknown		
1	Yes											
0	No											
98	Unknown											
	120	mc_balance	Problems with balance	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
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0	No											
98	Unknown											
	121	mc_gait	Problems with gait/falls	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	122	mc_toe_rash	Toe rashes (red/purple sores or blisters on the feet, including the toes)	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											

	123	mc_fog	Trouble concentrating or difficulty thinking ("brain fog")	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	124	mc_wtloss	Weight loss	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	125	mc_failwt	Failure of expected weight gain	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	126	mc_failgrowth	Failure of expected linear growth	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	127	mc_longcov_oth	Other symptom(s)	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes - Experienced</td></tr><tr><td>2</td><td>Yes - Experienced and Confirmed by Physical Exam</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - Experienced	2	Yes - Experienced and Confirmed by Physical Exam	0	No	98	Unknown
1	Yes - Experienced											
2	Yes - Experienced and Confirmed by Physical Exam											
0	No											
98	Unknown											
	128	mc_longcov_oth_spfy Show the field ONLY if: [mc_longcov_oth]='1' or [mc_longcov_oth]='2'	Specify	<div>text</div> <div>Custom alignment: RH</div>								
	129	mc_sym_infant	<div>Section Header: <i>Infant-Specific Symptoms/Physical Findings (Tier 2)</i></div> <div>In addition to the above, which of the following were experienced by the infant during illness?</div> <div>For each symptom indicate Yes/No/Unknown</div>	<div>descriptive</div>								
	130	mc_dehydrate	Dehydration	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>	1	Yes	0	No	98	Unknown		
1	Yes											
0	No											
98	Unknown											
	131	mc_dehydrate_beg Show the field ONLY if: [mc_dehydrate]='1'	<div>Date Symptoms Presented</div> <div>MM/DD/YYYY</div>	<div>text (date_mdy)</div> <div>Custom alignment: RH</div> <div>Field Annotation: @HIDEBUTTON</div>								

	132	mc_dehydrate_end Show the field ONLY if: [mc_dehydrate]='1' and [mc_dehydrate_curr] <>'1'	Date Symptoms Resolved <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	133	mc_dehydrate_curr Show the field ONLY if: [mc_dehydrate]='1' and [mc_dehydrate_end] ="		radio 1 Ongoing Custom alignment: RH
	134	mc_fontanelle	Full or bulging fontanelle	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	135	mc_fontanelle_beg Show the field ONLY if: [mc_fontanelle]='1'	Date Symptoms Presented <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	136	mc_fontanelle_end Show the field ONLY if: [mc_fontanelle]='1' and [mc_fontanelle_curr] <>'1'	Date Symptoms Resolved <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	137	mc_fontanelle_curr Show the field ONLY if: [mc_fontanelle]='1' and [mc_fontanelle_end] ="		radio 1 Ongoing Custom alignment: RH
	138	mc_fussy	Fussiness	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	139	mc_fussy_beg Show the field ONLY if: [mc_fussy]='1'	Date Symptoms Presented <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	140	mc_fussy_end Show the field ONLY if: [mc_fussy]='1' and [mc_fussy_curr]<>'1'	Date Symptoms Resolved <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	141	mc_fussy_curr Show the field ONLY if: [mc_fussy]='1' and [mc_fussy_end]="		radio 1 Ongoing Custom alignment: RH
	142	mc_lowbreathe	Increased work of breathing/shallow breathing	radio 1 Yes 0 No 98 Unknown Custom alignment: RH

	143	mc_lowbreathe_beg Show the field ONLY if: [mc_lowbreathe]='1'	Date Symptoms Presented <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	144	mc_lowbreathe_end Show the field ONLY if: [mc_lowbreathe]='1' and [mc_lowbreathe_curr]<>'1'	Date Symptoms Resolved <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	145	mc_lowbreathe_curr Show the field ONLY if: [mc_lowbreathe]='1' and [mc_lowbreathe_end]=''		radio 1 Ongoing Custom alignment: RH
	146	mc_lethargy	Lethargy	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	147	mc_lethargy_beg Show the field ONLY if: [mc_lethargy]='1'	Date Symptoms Presented <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	148	mc_lethargy_end Show the field ONLY if: [mc_lethargy]='1' and [mc_lethargy_curr]<>'1'	Date Symptoms Resolved <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	149	mc_lethargy_curr Show the field ONLY if: [mc_lethargy]='1' and [mc_lethargy_end]=''		radio 1 Ongoing Custom alignment: RH
	150	mc_poorfeed	Poor feeding	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	151	mc_poorfeed_beg Show the field ONLY if: [mc_poorfeed]='1'	Date Symptoms Presented <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	152	mc_poorfeed_end Show the field ONLY if: [mc_poorfeed]='1' and [mc_poorfeed_curr]<>'1'	Date Symptoms Resolved <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	153	mc_poorfeed_curr Show the field ONLY if: [mc_poorfeed]='1' and [mc_poorfeed_end]=''		radio 1 Ongoing Custom alignment: RH

	154	mc_dev_compli	Section Header: <i>Complications/Conditions</i> Did the patient develop any of the following complications/conditions since the diagnosis of COVID (organized by organ system):	descriptive Field Annotation: WHO Post COVID Case Report Form Biomedical Pediatric WG modifications https://cdn.who.int/media/docs/default-source/3rd-edl-submissions/who_crf_postcovid_feb9_2021.pdf?sfvrsn=76afd14_1&download=true						
	155	mc_fibro	Fibromyalgia/amplified pain syndrome	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Custom alignment: RH	1	Yes	0	No	98	Unknown
1	Yes									
0	No									
98	Unknown									
	156	mc_fibro_beg Show the field ONLY if: [mc_fibro]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	157	mc_fibro_end Show the field ONLY if: [mc_fibro]='1' and [mc_fibro_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	158	mc_fibro_curr Show the field ONLY if: [mc_fibro]='1' and [mc_fibro_end]="		radio <table><tr><td>1</td><td>Ongoing</td></tr></table> Custom alignment: RH	1	Ongoing				
1	Ongoing									
	159	mc_vfatigue	Post viral fatigue syndrome	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Custom alignment: RH	1	Yes	0	No	98	Unknown
1	Yes									
0	No									
98	Unknown									
	160	mc_vfatigue_beg Show the field ONLY if: [mc_vfatigue]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	161	mc_vfatigue_end Show the field ONLY if: [mc_vfatigue]='1' and [mc_vfatigue_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	162	mc_vfatigue_curr Show the field ONLY if: [mc_vfatigue]='1' and [mc_vfatigue_end]="		radio <table><tr><td>1</td><td>Ongoing</td></tr></table> Custom alignment: RH	1	Ongoing				
1	Ongoing									
	163	mc_seizure	Seizure	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Custom alignment: RH	1	Yes	0	No	98	Unknown
1	Yes									
0	No									
98	Unknown									
	164	mc_seizure_beg Show the field ONLY if: [mc_seizure]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						

	165	mc_seizure_end Show the field ONLY if: [mc_seizure]='1' and [mc_seizure_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	166	mc_seizure_curr Show the field ONLY if: [mc_seizure]='1' and [mc_seizure_end]="		radio 1 Ongoing Custom alignment: RH
	167	mc_intrastroke	Stroke: intracerebral hemorrhage	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	168	mc_intrastroke_beg Show the field ONLY if: [mc_intrastroke]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	169	mc_intrastroke_end Show the field ONLY if: [mc_intrastroke]='1' and [mc_intrastroke_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	170	mc_intrastroke_curr Show the field ONLY if: [mc_intrastroke]='1' and [mc_intrastroke_end]="		radio 1 Ongoing Custom alignment: RH
	171	mc_ischstroke	Stroke: ischemic cerebrovascular accident	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	172	mc_ischstroke_beg Show the field ONLY if: [mc_ischstroke]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	173	mc_ischstroke_end Show the field ONLY if: [mc_ischstroke]='1' and [mc_ischstroke_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	174	mc_ischstroke_curr Show the field ONLY if: [mc_ischstroke]='1' and [mc_ischstroke_end]="		radio 1 Ongoing Custom alignment: RH
	175	mc_diaketo	Diabetic Ketoacidosis (DKA)	radio 1 Yes 0 No 98 Unknown Custom alignment: RH

	176	mc_diaketo_beg Show the field ONLY if: [mc_diaketo]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	177	mc_diaketo_end Show the field ONLY if: [mc_diaketo]='1' and [mc_diaketo_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	178	mc_diaketo_curr Show the field ONLY if: [mc_diaketo]='1' and [mc_diaketo_end]=''		radio 1 Ongoing Custom alignment: RH
	179	mc_diabete	New onset diabetes	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	180	mc_diabete_beg Show the field ONLY if: [mc_diabete]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	181	mc_diabete_end Show the field ONLY if: [mc_diabete]='1' and [mc_diabete_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	182	mc_diabete_curr Show the field ONLY if: [mc_diabete]='1' and [mc_diabete_end]=''		radio 1 Ongoing Custom alignment: RH
	183	mc_pancr	Pancreatitis	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	184	mc_pancr_beg Show the field ONLY if: [mc_pancr]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	185	mc_pancr_end Show the field ONLY if: [mc_pancr]='1' and [mc_pancr_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	186	mc_pancr_curr Show the field ONLY if: [mc_pancr]='1' and [mc_pancr_end]=''		radio 1 Ongoing Custom alignment: RH

	187	mc_ards	Acute respiratory distress syndrome (ARDS)	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>	1	Yes	0	No	98	Unknown
1	Yes									
0	No									
98	Unknown									
	188	mc_ards_beg Show the field ONLY if: [mc_ards]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	189	mc_ards_end Show the field ONLY if: [mc_ards]='1' and [mc_ards_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	190	mc_ards_curr Show the field ONLY if: [mc_ards]='1' and [mc_ards_end]="		<div>radio</div> <table><tr><td>1</td><td>Ongoing</td></tr></table> <div>Custom alignment: RH</div>	1	Ongoing				
1	Ongoing									
	191	mc_bronch	Bronchiolitis	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>	1	Yes	0	No	98	Unknown
1	Yes									
0	No									
98	Unknown									
	192	mc_bronch_beg Show the field ONLY if: [mc_bronch]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	193	mc_bronch_end Show the field ONLY if: [mc_bronch]='1' and [mc_bronch_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	194	mc_bronch_curr Show the field ONLY if: [mc_bronch]='1' and [mc_bronch_end]="		<div>radio</div> <table><tr><td>1</td><td>Ongoing</td></tr></table> <div>Custom alignment: RH</div>	1	Ongoing				
1	Ongoing									
	195	mc_pul	Deterioration of prior chronic pulmonary diseases	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>	1	Yes	0	No	98	Unknown
1	Yes									
0	No									
98	Unknown									
	196	mc_pul_beg Show the field ONLY if: [mc_pul]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	197	mc_pul_end Show the field ONLY if: [mc_pul]='1' and [mc_pul_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						

	198	mc_pul_curr Show the field ONLY if: [mc_pul]='1' and [mc_pul_end]=''		radio 1 Ongoing Custom alignment: RH
	199	mc_lungfibr	Lung fibrosis	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	200	mc_lungfibr_beg Show the field ONLY if: [mc_lungfibr]='1'	Date of Onset/Diagnosis (Tier 2) MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	201	mc_lungfibr_end Show the field ONLY if: [mc_lungfibr]='1' and [mc_lungfibr_curr]<>'1'	Date of Resolution (Tier 2) MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	202	mc_lungfibr_curr Show the field ONLY if: [mc_lungfibr]='1' and [mc_lungfibr_end]=''		radio 1 Ongoing Custom alignment: RH
	203	mc_pneu	Pneumonia	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	204	mc_pneu_beg Show the field ONLY if: [mc_pneu]='1'	Date of Onset/Diagnosis (Tier 2) MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	205	mc_pneu_end Show the field ONLY if: [mc_pneu]='1' and [mc_pneu_curr]<>'1'	Date of Resolution (Tier 2) MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	206	mc_pneu_curr Show the field ONLY if: [mc_pneu]='1' and [mc_pneu_end]=''		radio 1 Ongoing Custom alignment: RH
	207	mc_pe	Pulmonary embolism	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	208	mc_pe_beg Show the field ONLY if: [mc_pe]='1'	Date of Onset/Diagnosis (Tier 2) MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON

	209	mc_pe_end Show the field ONLY if: [mc_pe]='1' and [mc_pe_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	210	mc_pe_curr Show the field ONLY if: [mc_pe]='1' and [mc_pe_end]="		radio 1 Ongoing Custom alignment: RH
	211	mc_ca	Cardiac arrhythmias	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	212	mc_ca_beg Show the field ONLY if: [mc_ca]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	213	mc_ca_end Show the field ONLY if: [mc_ca]='1' and [mc_ca_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	214	mc_ca_curr Show the field ONLY if: [mc_ca]='1' and [mc_ca_end]="		radio 1 Ongoing Custom alignment: RH
	215	mc_hrtfail	Cardiac failure	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	216	mc_hrtfail_beg Show the field ONLY if: [mc_hrtfail]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	217	mc_hrtfail_end Show the field ONLY if: [mc_hrtfail]='1' and [mc_hrtfail_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	218	mc_hrtfail_curr Show the field ONLY if: [mc_hrtfail]='1' and [mc_hrtfail_end]="		radio 1 Ongoing Custom alignment: RH
	219	mc_cm	Cardiomyopathy	radio 1 Yes 0 No 98 Unknown Custom alignment: RH

	220	mc_cm_beg Show the field ONLY if: [mc_cm]='1'	Date of Onset/Diagnosis (Tier 2) MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	221	mc_cm_end Show the field ONLY if: [mc_cm]='1' and [mc_cm_curr]<>'1'	Date of Resolution (Tier 2) MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	222	mc_cm_curr Show the field ONLY if: [mc_cm]='1' and [mc_cm_curr]="		radio <table><tr><td>1</td><td>Ongoing</td></tr></table> Custom alignment: RH	1	Ongoing				
1	Ongoing									
	223	mc_caab	Coronary artery abnormalities	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Custom alignment: RH	1	Yes	0	No	98	Unknown
1	Yes									
0	No									
98	Unknown									
	224	mc_caab_beg Show the field ONLY if: [mc_caab]='1'	Date of Onset/Diagnosis (Tier 2) MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	225	mc_caab_end Show the field ONLY if: [mc_caab]='1' and [mc_caab_curr]<>'1'	Date of Resolution (Tier 2) MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	226	mc_caab_curr Show the field ONLY if: [mc_caab]='1' and [mc_caab_end]="		radio <table><tr><td>1</td><td>Ongoing</td></tr></table> Custom alignment: RH	1	Ongoing				
1	Ongoing									
	227	mc_pericard	Myocarditis/pericarditis/ pericardial effusion	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Custom alignment: RH	1	Yes	0	No	98	Unknown
1	Yes									
0	No									
98	Unknown									
	228	mc_pericard_beg Show the field ONLY if: [mc_pericard]='1'	Date of Onset/Diagnosis (Tier 2) MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	229	mc_pericard_end Show the field ONLY if: [mc_pericard]='1' and [mc_pericard_curr]<>'1'	Date of Resolution (Tier 2) MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	230	mc_pericard_curr Show the field ONLY if: [mc_pericard]='1' and [mc_pericard_end]="		radio <table><tr><td>1</td><td>Ongoing</td></tr></table> Custom alignment: RH	1	Ongoing				
1	Ongoing									

	231	mc_myositis	Myositis	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>	1	Yes	0	No	98	Unknown
1	Yes									
0	No									
98	Unknown									
	232	mc_myositis_beg Show the field ONLY if: [mc_myositis]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	233	mc_myositis_end Show the field ONLY if: [mc_myositis]='1' and [mc_myositis_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	234	mc_myositis_curr Show the field ONLY if: [mc_myositis]='1' and [mc_myositis_end]="		<div>radio</div> <table><tr><td>1</td><td>Ongoing</td></tr></table> <div>Custom alignment: RH</div>	1	Ongoing				
1	Ongoing									
	235	mc_shock	Shock	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>	1	Yes	0	No	98	Unknown
1	Yes									
0	No									
98	Unknown									
	236	mc_shock_beg Show the field ONLY if: [mc_shock]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	237	mc_shock_end Show the field ONLY if: [mc_shock]='1' and [mc_shock_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	238	mc_shock_curr Show the field ONLY if: [mc_shock]='1' and [mc_shock_end]="		<div>radio</div> <table><tr><td>1</td><td>Ongoing</td></tr></table> <div>Custom alignment: RH</div>	1	Ongoing				
1	Ongoing									
	239	mc_arth	Arthritis	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div>	1	Yes	0	No	98	Unknown
1	Yes									
0	No									
98	Unknown									
	240	mc_arth_beg Show the field ONLY if: [mc_arth]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
	241	mc_arth_end Show the field ONLY if: [mc_arth]='1' and [mc_arth_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						

	242	mc_arth_curr Show the field ONLY if: [mc_arth]='1' and [mc_arth_end]=''		radio 1 Ongoing Custom alignment: RH
	243	mc_physdis	Physical disability/muscular weakness	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	244	mc_physdis_beg Show the field ONLY if: [mc_physdis]='1'	Date of Onset/Diagnosis (Tier 2) MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	245	mc_physdis_end Show the field ONLY if: [mc_physdis]='1' and [mc_physdis_curr]<>'1'	Date of Resolution (Tier 2) MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	246	mc_physdis_curr Show the field ONLY if: [mc_physdis]='1' and [mc_physdis_end]=''		radio 1 Ongoing Custom alignment: RH
	247	mc_acutekid	Acute kidney injury	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	248	mc_acutekid_beg Show the field ONLY if: [mc_acutekid]='1'	Date of Onset/Diagnosis (Tier 2) MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	249	mc_acutekid_end Show the field ONLY if: [mc_acutekid]='1' and [mc_acutekid_curr]<>'1'	Date of Resolution (Tier 2) MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	250	mc_acutekid_curr Show the field ONLY if: [mc_acutekid]='1' and [mc_acutekid_end]=''		radio 1 Ongoing Custom alignment: RH
	251	mc_acuteliv	Acute liver dysfunction	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	252	mc_acuteliv_beg Show the field ONLY if: [mc_acuteliv]='1'	Date of Onset/Diagnosis (Tier 2) MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON


	253	mc_acuteliv_end Show the field ONLY if: [mc_acuteliv]='1' and [mc_acuteliv_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	254	mc_acuteliv_curr Show the field ONLY if: [mc_acuteliv]='1' and [mc_acuteliv_end]=''		radio 1 Ongoing Custom alignment: RH
	255	mc_esrd	End stage renal disease (ESRD)	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	256	mc_esrd_beg Show the field ONLY if: [mc_esrd]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	257	mc_esrd_end Show the field ONLY if: [mc_esrd]='1' and [mc_esrd_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	258	mc_esrd_curr Show the field ONLY if: [mc_esrd]='1' and [mc_esrd_end]=''		radio 1 Ongoing Custom alignment: RH
	259	mc_bleeding	Bleeding events	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	260	mc_bleeding_beg Show the field ONLY if: [mc_bleeding]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	261	mc_bleeding_end Show the field ONLY if: [mc_bleeding]='1' and [mc_bleeding_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	262	mc_bleeding_curr Show the field ONLY if: [mc_bleeding]='1' and [mc_bleeding_end]=''		radio 1 Ongoing Custom alignment: RH
	263	mc_dvthrom	Deep vein thrombosis	radio 1 Yes 0 No 98 Unknown Custom alignment: RH

	264	mc_venthrom Show the field ONLY if: [mc_dvthrom]='1'	If there is a venous thrombosis, where is it located? (Tier 2)	radio <table><tr><td>1</td><td>Intracranial</td></tr><tr><td>2</td><td>Extracranial</td></tr><tr><td>3</td><td>Both</td></tr><tr><td>98</td><td>Unknown or not reported</td></tr></table>	1	Intracranial	2	Extracranial	3	Both	98	Unknown or not reported
1	Intracranial											
2	Extracranial											
3	Both											
98	Unknown or not reported											
	265	mc_dvthrom_beg Show the field ONLY if: [mc_dvthrom]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON								
	266	mc_dvthrom_end Show the field ONLY if: [mc_dvthrom]='1' and [mc_dvthrom_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON								
	267	mc_dvthrom_curr Show the field ONLY if: [mc_dvthrom]='1' and [mc_dvthrom_end]=''		radio <table><tr><td>1</td><td>Ongoing</td></tr></table> Custom alignment: RH	1	Ongoing						
1	Ongoing											
	268	mc_append	Appendicitis	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Custom alignment: RH	1	Yes	0	No	98	Unknown		
1	Yes											
0	No											
98	Unknown											
	269	mc_append_beg Show the field ONLY if: [mc_append]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON								
	270	mc_append_end Show the field ONLY if: [mc_append]='1' and [mc_append_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON								
	271	mc_append_curr Show the field ONLY if: [mc_append]='1' and [mc_append_end]=''		radio <table><tr><td>1</td><td>Ongoing</td></tr></table> Custom alignment: RH	1	Ongoing						
1	Ongoing											
	272	mc_gerd	Gastroesophageal reflux disease (GERD)	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Custom alignment: RH	1	Yes	0	No	98	Unknown		
1	Yes											
0	No											
98	Unknown											
	273	mc_gerd_beg Show the field ONLY if: [mc_gerd]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON								
	274	mc_gerd_end Show the field ONLY if: [mc_gerd]='1' and [mc_gerd_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON								

	275	mc_gerd_curr Show the field ONLY if: [mc_gerd]='1' and [mc_gerd_end]=''		radio 1 Ongoing Custom alignment: RH
	276	mc_gastrohem	Gastrointestinal hemorrhage	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	277	mc_gastrohem_beg Show the field ONLY if: [mc_gastrohem]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	278	mc_gastrohem_end Show the field ONLY if: [mc_gastrohem]='1' and [mc_gastrohem_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	279	mc_gastrohem_curr Show the field ONLY if: [mc_gastrohem]='1' and [mc_gastrohem_end]=''		radio 1 Ongoing Custom alignment: RH
	280	mc_gastroperf	Gastrointestinal perforation	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	281	mc_gastroperf_beg Show the field ONLY if: [mc_gastroperf]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	282	mc_gastroperf_end Show the field ONLY if: [mc_gastroperf]='1' and [mc_gastroperf_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	283	mc_gastroperf_curr Show the field ONLY if: [mc_gastroperf]='1' and [mc_gastroperf_end]=''		radio 1 Ongoing Custom alignment: RH
	284	mc_perito	Peritonitis	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	285	mc_perito_beg Show the field ONLY if: [mc_perito]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON

	286	mc_perito_end Show the field ONLY if: [mc_perito]='1' and [mc_perito_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	287	mc_perito_curr Show the field ONLY if: [mc_perito]='1' and [mc_perito_end]="		radio 1 Ongoing Custom alignment: RH
	288	mc_bacteremia	Bacteremia	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	289	mc_bacteremia_beg Show the field ONLY if: [mc_bacteremia]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	290	mc_bacteremia_end Show the field ONLY if: [mc_bacteremia]='1' and [mc_bacteremia_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	291	mc_bacteremia_curr Show the field ONLY if: [mc_bacteremia]='1' and [mc_bacteremia_end]="		radio 1 Ongoing Custom alignment: RH
	292	mc_pulmasp	Pulmonary aspergillosis	radio 1 Yes 0 No 98 Unknown Custom alignment: RH
	293	mc_pulmasp_beg Show the field ONLY if: [mc_pulmasp]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	294	mc_pulmasp_end Show the field ONLY if: [mc_pulmasp]='1' and [mc_pulmasp_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON
	295	mc_pulmasp_curr Show the field ONLY if: [mc_pulmasp]='1' and [mc_pulmasp_end]="		radio 1 Ongoing Custom alignment: RH
	296	mc_tss	Toxic shock syndrome (TSS)	radio 1 Yes 0 No 98 Unknown Custom alignment: RH

297	mc_tss_beg Show the field ONLY if: [mc_tss]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
298	mc_tss_end Show the field ONLY if: [mc_tss]='1' and [mc_tss_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
299	mc_tss_curr Show the field ONLY if: [mc_tss]='1' and [mc_tss_end]=''		radio <table border="1"> <tr> <td>1</td> <td>Ongoing</td> </tr> </table> Custom alignment: RH	1	Ongoing				
1	Ongoing								
300	mc_oth	Other (specify)	radio <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>98</td> <td>Unknown</td> </tr> </table> Custom alignment: RH	1	Yes	0	No	98	Unknown
1	Yes								
0	No								
98	Unknown								
301	mc_oth_spfy Show the field ONLY if: [mc_oth]='1'	Specify other	text Custom alignment: RH						
302	mc_oth_beg Show the field ONLY if: [mc_oth]='1'	Date of Onset/Diagnosis (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
303	mc_oth_end Show the field ONLY if: [mc_oth]='1' and [mc_oth_curr]<>'1'	Date of Resolution (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: @HIDEBUTTON						
304	mc_oth_curr Show the field ONLY if: [mc_oth]='1' and [mc_oth_end]=''		radio <table border="1"> <tr> <td>1</td> <td>Ongoing</td> </tr> </table> Custom alignment: RH	1	Ongoing				
1	Ongoing								
305	manifestations_clinical_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Manifestations: Laboratory** (manifestations_laboratory)  Enabled as survey [^ Collapse](#) [Collapse](#)

306	ml_intro	Labs at Diagnosis (work up of condition) Additional Guidance: The Tier 1 lab values include, but are not limited to, those parameters necessary for the diagnosis of MIS-C (including markers of inflammation) and other conditions associated with acute and long COVID/PASC. Inclusion in Tier 1 does not suggest that all of these labs are recommended to be performed in all pediatric patients/studies, but rather that the test values or Not Done should be reported when performed. Similar to vital signs, the Working Group is not currently recommending frequency for documentation of specific clinical labs. Study sites are encouraged to provide any lab data that are collected for routine monitoring of participants in addition to the value at diagnosis (i.e., work up of condition), which will vary between outpatient and inpatient settings. However, the reference time period for labs should be a 24-hour clock from midnight to midnight (00:00-23:59) to allow for consistency across studies.	descriptive Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1 Biomedical Pediatric WG modifications
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	307	ml_labsperformed	Section Header: Lab tests performed?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Custom alignment: RH	1	Yes	0	No	98	Unknown
1	Yes									
0	No									
98	Unknown									
	308	ml_sampcoll_date1 Show the field ONLY if: [ml_labsperformed]='1'	Date of Lab Sample Collection MM/DD/YYYY	text (date_mdy) Custom alignment: RH						
	309	ml_sampcoll_tm1 Show the field ONLY if: [ml_labsperformed]='1'	Time of lab sample collection HHMM	text (timenocolon) Custom alignment: RH						
	310	ml_desc Show the field ONLY if: [ml_sampcoll_date1]<>"		descriptive						
	311	ml_sampcoll_date2 Show the field ONLY if: [ml_sampcoll_date1]<>"	Date of Lab Sample Collection MM/DD/YYYY	text (date_mdy) Custom alignment: RH						
	312	ml_sampcoll_tm2 Show the field ONLY if: [ml_sampcoll_date1]<>"	Time of lab sample collection HHMM	text (timenocolon) Custom alignment: RH						
	313	ml_desc_2 Show the field ONLY if: [ml_sampcoll_date2]<>"		descriptive						
	314	ml_sampcoll_date3 Show the field ONLY if: [ml_sampcoll_date2]<>"	Date of Lab Sample Collection MM/DD/YYYY	text (date_mdy) Custom alignment: RH						
	315	ml_sampcoll_tm3 Show the field ONLY if: [ml_sampcoll_date2]<>"	Time of lab sample collection HHMM	text (timenocolon) Custom alignment: RH						
	316	ml_desc_3 Show the field ONLY if: [ml_sampcoll_date3]<>"		descriptive						
	317	ml_sampcoll_date4 Show the field ONLY if: [ml_sampcoll_date3]<>"	Date of Lab Sample Collection MM/DD/YYYY	text (date_mdy) Custom alignment: RH						
	318	ml_sampcoll_tm4 Show the field ONLY if: [ml_sampcoll_date3]<>"	Time of lab sample collection HHMM	text (timenocolon) Custom alignment: RH						
	319	ml_desc_4 Show the field ONLY if: [ml_sampcoll_date4]<>"		descriptive						
	320	ml_sampcoll_date5 Show the field ONLY if: [ml_sampcoll_date4]<>"	Date of Lab Sample Collection MM/DD/YYYY	text (date_mdy) Custom alignment: RH						

	321	ml_sampcoll_tm5 Show the field ONLY if: [ml_sampcoll_date4]<>"	Time of lab sample collection <i>HHMM</i>	text (timenocolon) Custom alignment: RH								
	322	ml_desc_5 Show the field ONLY if: [ml_sampcoll_date5]<>"		descriptive								
	323	ml_sampcoll_date6 Show the field ONLY if: [ml_sampcoll_date5]<>"	Date of Lab Sample Collection <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH								
	324	ml_sampcoll_tm6 Show the field ONLY if: [ml_sampcoll_date5]<>"	Time of lab sample collection <i>HHMM</i>	text (timenocolon) Custom alignment: RH								
	325	ml_diag_wbc Show the field ONLY if: [ml_labsperformed]='1'	Section Header: <i>For each of the below, report test value at diagnosis (i.e., work up of condition) or trial entry with units or "Not Done" Any lab tests performed? (Tier 1)</i> White blood cell count (WBC)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	326	ml_diag_wbc_result Show the field ONLY if: [ml_diag_wbc]='1'	Result <i>[unit type]</i>	text (number) Custom alignment: RH								
	327	ml_diag_alc Show the field ONLY if: [ml_labsperformed]='1'	Absolute lymphocyte count (ALC)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	328	ml_diag_alc_result Show the field ONLY if: [ml_diag_alc]='1'	Result	text (number) Custom alignment: RH								
	329	ml_diag_anc Show the field ONLY if: [ml_labsperformed]='1'	Absolute neutrophil count (ANC)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	330	ml_diag_anc_result Show the field ONLY if: [ml_diag_anc]='1'	Result	text (number) Custom alignment: RH								
	331	ml_diag_platelet Show the field ONLY if: [ml_labsperformed]='1'	Platelets	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											

	332	ml_diag_platelet_result Show the field ONLY if: [ml_diag_platelet]='1'	Result	text (number) Custom alignment: RH								
	333	ml_diag_crp Show the field ONLY if: [ml_labsperformed]='1'	C-reactive protein (CRP)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	334	ml_diag_crp_result Show the field ONLY if: [ml_diag_crp]='1'	Result	text (number) Custom alignment: RH								
	335	ml_diag_esr Show the field ONLY if: [ml_labsperformed]='1'	Erythrocyte sedimentation rate (ESR)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	336	ml_diag_esr_result Show the field ONLY if: [ml_diag_esr]='1'	Result	text (number) Custom alignment: RH								
	337	ml_diag_procalc Show the field ONLY if: [ml_labsperformed]='1'	Procalcitonin	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	338	ml_diag_procalc_result Show the field ONLY if: [ml_diag_procalc]='1'	Result	text (number) Custom alignment: RH								
	339	ml_diag_ferrit Show the field ONLY if: [ml_labsperformed]='1'	Ferritin	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	340	ml_diag_ferrit_result Show the field ONLY if: [ml_diag_ferrit]='1'	Result	text (number) Custom alignment: RH								
	341	ml_diag_ldh Show the field ONLY if: [ml_labsperformed]='1'	LDH	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											

	342	ml_diag_ldh_result Show the field ONLY if: [ml_diag_ldh]='1'	Result	text (number) Custom alignment: RH								
	343	ml_diag_album Show the field ONLY if: [ml_labsperformed]='1'	Albumin	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	344	ml_diag_album_result Show the field ONLY if: [ml_diag_album]='1'	Result	text (number) Custom alignment: RH								
	345	ml_diag_gluc Show the field ONLY if: [ml_labsperformed]='1'	Glucose	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	346	ml_diag_gluc_result Show the field ONLY if: [ml_diag_gluc]='1'	Result	text (number) Custom alignment: RH								
	347	ml_diag_sodium Show the field ONLY if: [ml_labsperformed]='1'	Sodium	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	348	ml_diag_sodium_result Show the field ONLY if: [ml_diag_sodium]='1'	Result	text (number) Custom alignment: RH								
	349	ml_diag_creatin Show the field ONLY if: [ml_labsperformed]='1'	Creatinine	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	350	ml_diag_creatin_result Show the field ONLY if: [ml_diag_creatin]='1'	Result	text (number) Custom alignment: RH								
	351	ml_diag_bun Show the field ONLY if: [ml_labsperformed]='1'	Blood urea nitrogen (BUN)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											

	352	ml_diag_bun_result Show the field ONLY if: [ml_diag_bun]='1'	Result	text (number) Custom alignment: RH								
	353	ml_diag_ast Show the field ONLY if: [ml_labspersformed]='1'	Aspartate aminotransferase (AST)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	354	ml_diag_ast_result Show the field ONLY if: [ml_diag_ast]='1'	Result	text (number) Custom alignment: RH								
	355	ml_diag_alt Show the field ONLY if: [ml_labspersformed]='1'	Alanine transaminase (ALT)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	356	ml_diag_alt_result Show the field ONLY if: [ml_diag_alt]='1'	Result	text (number) Custom alignment: RH								
	357	ml_diag_ddimer Show the field ONLY if: [ml_labspersformed]='1'	D-dimer	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	358	ml_diag_ddimer_result Show the field ONLY if: [ml_diag_ddimer]='1'	Result	text (number) Custom alignment: RH								
	359	ml_diag_fibri Show the field ONLY if: [ml_labspersformed]='1'	Fibrinogen	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	360	ml_diag_fibri_result Show the field ONLY if: [ml_diag_fibri]='1'	Result	text (number) Custom alignment: RH								
	361	ml_diag_tni Show the field ONLY if: [ml_labspersformed]='1'	Troponin (TNI)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											

	362	ml_diag_tni_result Show the field ONLY if: [ml_diag_tni]='1'	Result	text (number) Custom alignment: RH								
	363	ml_diag_bnp Show the field ONLY if: [ml_labspersformed]='1'	BNP/NT-Pro-BNP	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	364	ml_diag_bnp_result Show the field ONLY if: [ml_diag_bnp]='1'	Result	text (number) Custom alignment: RH								
	365	ml_diag_lact Show the field ONLY if: [ml_labspersformed]='1'	Lactate	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	366	ml_diag_lact_result Show the field ONLY if: [ml_diag_lact]='1'	Result	text (number) Custom alignment: RH								
	367	ml_diag_aec Show the field ONLY if: [ml_labspersformed]='1'	Section Header: <i>Tier 2 Labs</i> Absolute eosinophil count	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	368	ml_diag_aec_result Show the field ONLY if: [ml_diag_aec]='1'	Result	text (number) Custom alignment: RH								
	369	ml_diag_amc Show the field ONLY if: [ml_labspersformed]='1'	Absolute monocyte count	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	370	ml_diag_amc_result Show the field ONLY if: [ml_diag_amc]='1'	Result	text (number) Custom alignment: RH								
	371	ml_diag_abc Show the field ONLY if: [ml_labspersformed]='1'	Absolute basophil count	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											

	372	ml_diag_abc_result Show the field ONLY if: [ml_diag_abc]='1'	Result	text (number) Custom alignment: RH								
	373	ml_diag_hemog Show the field ONLY if: [ml_labspPerformed]='1'	Hemoglobin	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	374	ml_diag_hemog_result Show the field ONLY if: [ml_diag_hemog]='1'	Result	text (number) Custom alignment: RH								
	375	ml_diag_bili Show the field ONLY if: [ml_labspPerformed]='1'	Total bilirubin	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	376	ml_diag_bili_result Show the field ONLY if: [ml_diag_bili]='1'	Result	text (number) Custom alignment: RH								
	377	ml_diag_pt Show the field ONLY if: [ml_labspPerformed]='1'	Prothrombin time (PT)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	378	ml_diag_pt_result Show the field ONLY if: [ml_diag_pt]='1'	Result	text (number) Custom alignment: RH								
	379	ml_diag_inr Show the field ONLY if: [ml_labspPerformed]='1'	International normalized ratio (INR)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	380	ml_diag_inr_result Show the field ONLY if: [ml_diag_inr]='1'	Result	text (number) Custom alignment: RH								
	381	ml_diag_aptt Show the field ONLY if: [ml_labspPerformed]='1'	Activated partial thromboplastin time (aPTT)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											

	382	ml_diag_aptt_result Show the field ONLY if: [ml_diag_aptt]='1'	Result	text (number) Custom alignment: RH								
	383	ml_diag_il6 Show the field ONLY if: [ml_labsperformed]='1'	IL-6	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	384	ml_diag_il6_result Show the field ONLY if: [ml_diag_il6]='1'	Result	text (number) Custom alignment: RH								
	385	ml_diag_comp Show the field ONLY if: [ml_labsperformed]='1'	Complement	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	386	ml_diag_comp_result Show the field ONLY if: [ml_diag_comp]='1'	Result	text (number) Custom alignment: RH								
	387	ml_diag_ha1c Show the field ONLY if: [ml_labsperformed]='1'	Hemoglobin A1C	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	388	ml_diag_ha1c_result Show the field ONLY if: [ml_diag_ha1c]='1'	Result	text (number) Custom alignment: RH								
	389	ml_diag_ph Show the field ONLY if: [ml_labsperformed]='1'	pH	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	390	ml_diag_ph_result Show the field ONLY if: [ml_diag_ph]='1'	Result	text (number) Custom alignment: RH								
	391	ml_diag_pco2 Show the field ONLY if: [ml_labsperformed]='1'	pCO2	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											

	392	ml_diag_pco2_result Show the field ONLY if: [ml_diag_pco2]='1'	Result	text (number) Custom alignment: RH								
	393	ml_diag_paco2 Show the field ONLY if: [ml_labsperformed]='1'	paCO2	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	394	ml_diag_paco2_result Show the field ONLY if: [ml_diag_paco2]='1'	Result	text (number) Custom alignment: RH								
	395	ml_diag_calc Show the field ONLY if: [ml_labsperformed]='1'	Calcium	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	396	ml_diag_calc_result Show the field ONLY if: [ml_diag_calc]='1'	Result	text (number) Custom alignment: RH								
	397	ml_diag_csfwbc Show the field ONLY if: [ml_labsperformed]='1'	Cerebrospinal fluid (CSF) WBC	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	398	ml_diag_csfwbc_result Show the field ONLY if: [ml_diag_csfwbc]='1'	Result	text (number) Custom alignment: RH								
	399	ml_diag_csfrbc Show the field ONLY if: [ml_labsperformed]='1'	CSF red blood cell count (RBC)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	400	ml_diag_csfrbc_result Show the field ONLY if: [ml_diag_csfrbc]='1'	Result	text (number) Custom alignment: RH								
	401	ml_diag_csfprot Show the field ONLY if: [ml_labsperformed]='1'	CSF Protein	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											

	402	ml_diag_csfprot_result Show the field ONLY if: [ml_diag_csfprot]='1'	Result	text (number) Custom alignment: RH									
	403	ml_diag_csfgluc Show the field ONLY if: [ml_labsperformed]='1'	CSF Glucose	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>		1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes												
0	No												
98	Unknown												
97	Not Performed												
	404	ml_diag_csfgluc_result Show the field ONLY if: [ml_diag_csfgluc]='1'	Result	text (number) Custom alignment: RH									
	405	ml_diag_oth Show the field ONLY if: [ml_labsperformed]='1'	Other, Specify	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table>		1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes												
0	No												
98	Unknown												
97	Not Performed												
	406	ml_diag_oth_spfy Show the field ONLY if: [ml_diag_oth]='1'	Specify other	text Custom alignment: RH									
	407	ml_diag_oth_result Show the field ONLY if: [ml_diag_oth]='1'	Result	text (number) Custom alignment: RH									
	408	ml_admit_repeatbld Show the field ONLY if: [ml_labsperformed]='1'	Section Header: <i>Most Abnormal Labs (Tier 2)</i> Any labs repeated during admission that were more abnormal than initial values?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form</div>		1	Yes	0	No	98	Unknown		
1	Yes												
0	No												
98	Unknown												
	409	ml_admit_wbc Show the field ONLY if: [ml_admit_repeatbld]='1'	White blood cell count (WBC)	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> <div>Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form</div>		1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes												
0	No												
98	Unknown												
97	Not Performed												
	410	ml_admit_wbc_result Show the field ONLY if: [ml_admit_wbc]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form									

	411	ml_admit_alc Show the field ONLY if: [ml_admit_repeatbld]='1'	Absolute lymphocyte count (ALC)	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> <div>Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form</div>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	412	ml_admit_alc_result Show the field ONLY if: [ml_admit_alc]='1'	Result	<div>text (number)</div> <div>Custom alignment: RH</div> <div>Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form</div>								
	413	ml_admit_anc Show the field ONLY if: [ml_admit_repeatbld]='1'	Absolute neutrophil count (ANC)	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> <div>Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form</div>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	414	ml_admit_anc_result Show the field ONLY if: [ml_admit_anc]='1'	Result	<div>text (number)</div> <div>Custom alignment: RH</div> <div>Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form</div>								
	415	ml_admit_platelet Show the field ONLY if: [ml_admit_repeatbld]='1'	Platelets	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> <div>Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form</div>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	416	ml_admit_platelet_result Show the field ONLY if: [ml_admit_platelet]='1'	Result	<div>text (number)</div> <div>Custom alignment: RH</div> <div>Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form</div>								
	417	ml_admit_crp Show the field ONLY if: [ml_admit_repeatbld]='1'	C-reactive protein (CRP)	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> <div>Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form</div>	1	Yes	0	No	98	Unknown	97	Not Performed
1	Yes											
0	No											
98	Unknown											
97	Not Performed											
	418	ml_admit_crp_result Show the field ONLY if: [ml_admit_crp]='1'	Result	<div>text (number)</div> <div>Custom alignment: RH</div> <div>Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form</div>								

	419	ml_admit_esr Show the field ONLY if: [ml_admit_repeatbld]='1'	Erythrocyte sedimentation rate (ESR)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	420	ml_admit_esr_result Show the field ONLY if: [ml_admit_esr]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	421	ml_admit_procalc Show the field ONLY if: [ml_admit_repeatbld]='1'	Procalcitonin	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	422	ml_admit_procalc_result Show the field ONLY if: [ml_admit_procalc]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	423	ml_admit_ferrit Show the field ONLY if: [ml_admit_repeatbld]='1'	Ferritin	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	424	ml_admit_ferrit_result Show the field ONLY if: [ml_admit_ferrit]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	425	ml_admit_ldh Show the field ONLY if: [ml_admit_repeatbld]='1'	LDH	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	426	ml_admit_ldh_result Show the field ONLY if: [ml_admit_ldh]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										

	427	ml_admit_album Show the field ONLY if: [ml_admit_repeatbld]='1'	Albumin	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	428	ml_admit_album_result Show the field ONLY if: [ml_admit_album]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	429	ml_admit_gluc Show the field ONLY if: [ml_admit_repeatbld]='1'	Glucose	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	430	ml_admit_gluc_result Show the field ONLY if: [ml_admit_gluc]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	431	ml_admit_sodium Show the field ONLY if: [ml_admit_repeatbld]='1'	Sodium	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	432	ml_admit_sodium_result Show the field ONLY if: [ml_admit_sodium]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	433	ml_admit_creatin Show the field ONLY if: [ml_admit_repeatbld]='1'	Creatinine	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	434	ml_admit_creatin_result Show the field ONLY if: [ml_admit_creatin]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										

	435	ml_admit_bun Show the field ONLY if: [ml_admit_repeatbld]='1'	Blood urea nitrogen (BUN)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	436	ml_admit_bun_result Show the field ONLY if: [ml_admit_bun]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	437	ml_admit_ast Show the field ONLY if: [ml_admit_repeatbld]='1'	Aspartate aminotransferase (AST)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	438	ml_admit_ast_result Show the field ONLY if: [ml_admit_ast]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	439	ml_admit_alt Show the field ONLY if: [ml_admit_repeatbld]='1'	Alanine transaminase (ALT)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	440	ml_admit_alt_result Show the field ONLY if: [ml_admit_alt]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	441	ml_admit_ddimer Show the field ONLY if: [ml_admit_repeatbld]='1'	D-dimer	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	442	ml_admit_ddimer_result Show the field ONLY if: [ml_admit_ddimer]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										

	443	ml_admit_fibri Show the field ONLY if: [ml_admit_repeatbld]='1'	Fibrinogen	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
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0	No													
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97	Not Performed													
	444	ml_admit_fibri_result Show the field ONLY if: [ml_admit_fibri]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	445	ml_admit_tni Show the field ONLY if: [ml_admit_repeatbld]='1'	Troponin (TNI)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	446	ml_admit_tni_result Show the field ONLY if: [ml_admit_tni]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	447	ml_admit_bnp Show the field ONLY if: [ml_admit_repeatbld]='1'	BNP/NT-Pro-BNP	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	448	ml_admit_bnp_result Show the field ONLY if: [ml_admit_bnp]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	449	ml_admit_lact Show the field ONLY if: [ml_labsperformed]='1'	Lactate	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	450	ml_admit_lact_result Show the field ONLY if: [ml_admit_lact]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										

	451	ml_admit_aec Show the field ONLY if: [ml_labsperformed]='1'	Section Header: <i>Tier 2</i> Absolute eosinophil count	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	452	ml_admit_aec_result Show the field ONLY if: [ml_admit_aec]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	453	ml_admit_amc Show the field ONLY if: [ml_labsperformed]='1'	Absolute monocyte count	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	454	ml_admit_amc_result Show the field ONLY if: [ml_admit_amc]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	455	ml_admit_abc Show the field ONLY if: [ml_labsperformed]='1'	Absolute basophil count	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	456	ml_admit_abc_result Show the field ONLY if: [ml_admit_abc]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	457	ml_admit_hemog Show the field ONLY if: [ml_labsperformed]='1'	Hemoglobin	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	458	ml_admit_hemog_result Show the field ONLY if: [ml_admit_hemog]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										


	459	ml_admit_bili Show the field ONLY if: [ml_labspPerformed]='1'	Total bilirubin	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	460	ml_admit_bili_result Show the field ONLY if: [ml_admit_bili]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	461	ml_admit_pt Show the field ONLY if: [ml_labspPerformed]='1'	Prothrombin time (PT)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	462	ml_admit_pt_result Show the field ONLY if: [ml_admit_pt]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	463	ml_admit_inr Show the field ONLY if: [ml_labspPerformed]='1'	International normalized ratio (INR)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	464	ml_admit_inr_result Show the field ONLY if: [ml_admit_inr]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	465	ml_admit_aptt Show the field ONLY if: [ml_labspPerformed]='1'	Activated partial thromboplastin time (aPTT)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	466	ml_admit_aptt_result Show the field ONLY if: [ml_admit_aptt]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										

	467	ml_admit_il6 Show the field ONLY if: [ml_labsperformed]='1'	IL-6	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	468	ml_admit_il6_result Show the field ONLY if: [ml_admit_il6]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	469	ml_admit_comp Show the field ONLY if: [ml_labsperformed]='1'	Complement	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	470	ml_admit_comp_result Show the field ONLY if: [ml_admit_comp]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	471	ml_admit_ha1c Show the field ONLY if: [ml_labsperformed]='1'	Hemoglobin A1C	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	472	ml_admit_ha1c_result Show the field ONLY if: [ml_admit_ha1c]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	473	ml_admit_ph Show the field ONLY if: [ml_labsperformed]='1'	pH	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	474	ml_admit_ph_result Show the field ONLY if: [ml_admit_ph]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										

	475	ml_admit_pco2 Show the field ONLY if: [ml_labsperformed]='1'	pCO2	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	476	ml_admit_pco2_result Show the field ONLY if: [ml_admit_pco2]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	477	ml_admit_paco2 Show the field ONLY if: [ml_labsperformed]='1'	paCO2	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	478	ml_admit_paco2_result Show the field ONLY if: [ml_admit_paco2]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	479	ml_admit_calc Show the field ONLY if: [ml_labsperformed]='1'	Calcium	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	480	ml_admit_calc_result Show the field ONLY if: [ml_admit_calc]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	481	ml_admit_csfwbc Show the field ONLY if: [ml_labsperformed]='1'	Cerebrospinal fluid (CSF) WBC	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	482	ml_admit_csfwbc_result Show the field ONLY if: [ml_admit_csfwbc]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										

	483	ml_admit_csfrbc Show the field ONLY if: [ml_labspersformed]='1'	CSF red blood cell count (RBC)	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	484	ml_admit_csfrbc_result Show the field ONLY if: [ml_admit_csfrbc]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	485	ml_admit_csfprot Show the field ONLY if: [ml_labspersformed]='1'	CSF Protein	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	486	ml_admit_csfprot_result Show the field ONLY if: [ml_admit_csfprot]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	487	ml_admit_csfgluc Show the field ONLY if: [ml_labspersformed]='1'	CSF Glucose	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	488	ml_admit_csfgluc_result Show the field ONLY if: [ml_admit_csfgluc]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										
	489	ml_admit_oth Show the field ONLY if: [ml_labspersformed]='1'	Other, Specify	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>Not Performed</td></tr></table> Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	radio (Matrix)		1	Yes	0	No	98	Unknown	97	Not Performed
radio (Matrix)														
1	Yes													
0	No													
98	Unknown													
97	Not Performed													
	490	ml_admit_oth_spfy Show the field ONLY if: [ml_admit_oth]='1'	Specify other	text Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form										

	491	ml_admit_oth_result Show the field ONLY if: [ml_admit_oth_spfy]='1'	Result	text (number) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form				
	492	ml_pos_viraltest	Section Header: <i>Other Viral/Bacterial/Fungal Test Positive (Tier 2)</i> Any other viral testing positive?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	1	Yes	0	No
1	Yes							
0	No							
	493	ml_pos_viraltest1 Show the field ONLY if: [ml_pos_viraltest]='1'	Section Header: <i>List other viral tests that were positive</i> Specify other positive viral test	text Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form				
	494	ml_pos_viraltest2 Show the field ONLY if: [ml_pos_viraltest1]<>"	Specify other positive viral test	text Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form				
	495	ml_pos_viraltest3 Show the field ONLY if: [ml_pos_viraltest2]<>"	Specify other positive viral test	text Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form				
	496	ml_pos_viraltest4 Show the field ONLY if: [ml_pos_viraltest3]<>"	Specify other positive viral test	text Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form				
	497	ml_pos_viraltest5 Show the field ONLY if: [ml_pos_viraltest4]<>"	Specify other positive viral test	text Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form				
	498	ml_pos_viraltest6 Show the field ONLY if: [ml_pos_viraltest5]<>"	Specify other positive viral test	text Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form				
	499	ml_pos_blood	Section Header: <i>Blood Cultures</i> Positive blood cultures?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form	1	Yes	0	No
1	Yes							
0	No							
	500	ml_organism1 Show the field ONLY if: [ml_pos_blood]='1'	Organism	text Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form				
	501	ml_culturedate1 Show the field ONLY if: [ml_pos_blood]='1'	Date <i>MM/DD/YYYY</i>	text (date_mdy) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form				

	502	ml_organism2 Show the field ONLY if: [ml_organism1]<>"	Organism	text Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form						
	503	ml_culturedate2 Show the field ONLY if: [ml_organism1]<>"	Date MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form						
	504	ml_organism3 Show the field ONLY if: [ml_organism2]<>"	Organism	text Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form						
	505	ml_culturedate3 Show the field ONLY if: [ml_organism2]<>"	Date MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form						
	506	ml_organism4 Show the field ONLY if: [ml_organism3]<>"	Organism	text Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form						
	507	ml_culturedate4 Show the field ONLY if: [ml_organism3]<>"	Date MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form						
	508	ml_organism5 Show the field ONLY if: [ml_organism4]<>"	Organism	text Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form						
	509	ml_culturedate5 Show the field ONLY if: [ml_organism4]<>"	Date MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form						
	510	ml_organism6 Show the field ONLY if: [ml_organism5]<>"	Organism	text Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form						
	511	ml_culturedate6 Show the field ONLY if: [ml_organism5]<>"	Date MM/DD/YYYY	text (date_mdy) Custom alignment: RH Field Annotation: Children's Hospital of Philadelphia Diagnosis of MIS-C in Febrile Children Case Report Form						
	512	manifestations_laboratory_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									
Instrument: Manifestations: Cardiopulmonary Diagnostic Assessments (manifestations_cardiopulmonary_diagnostic_assessme)  Enabled as survey <div><div>^ Collapse</div><div>Collapse</div></div>										
	513	mcda_intro	Additional Guidance: Similar to vital signs and clinical labs, the Working Group is not currently recommending frequency for documentation of specific cardiopulmonary assessments. Study sites are encouraged to provide any cardiopulmonary assessment data that are collected for monitoring of participants, in addition to the data reporting abnormality.	descriptive						

	514	mcda_cardiodiagnost	Section Header: <i>Cardiovascular Diagnostic Assessment Abnormalities</i> Did the patient have any cardiovascular diagnostic assessments performed (beyond physical exam) ?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Custom alignment: RH Field Annotation: WHO Post COVID Case Report Form Biomedical Pediatric WG modifications https://cdn.who.int/media/docs/default-source/3rd-edl-submissions/who_crf_postcovid_feb9_2021.pdf?sfvrsn=76afd14_1&download=true	1	Yes	0	No	98	Unknown		
1	Yes											
0	No											
98	Unknown											
	515	mcda_ecg Show the field ONLY if: [mcda_cardiodiagnost]='1'	ECG (Tier 2)	radio (Matrix) <table><tr><td>1</td><td>Yes - abnormalities detected</td></tr><tr><td>2</td><td>Yes normal</td></tr><tr><td>0</td><td>No - not performed</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - abnormalities detected	2	Yes normal	0	No - not performed	98	Unknown
1	Yes - abnormalities detected											
2	Yes normal											
0	No - not performed											
98	Unknown											
	516	mcda_ecg_date Show the field ONLY if: [mcda_ecg]='1' or [mcda_ecg]='2'	Cardiovascular Diagnostic Assessment Date	text (date_mdy) Field Annotation: @HIDEBUTTON								
	517	mcda_ecg_abnormal Show the field ONLY if: [mcda_ecg]='1'	Was there	radio <table><tr><td>1</td><td>Abnormal function</td></tr><tr><td>2</td><td>Pericardial effusion</td></tr><tr><td>3</td><td>Coronary artery abnormalities</td></tr></table>	1	Abnormal function	2	Pericardial effusion	3	Coronary artery abnormalities		
1	Abnormal function											
2	Pericardial effusion											
3	Coronary artery abnormalities											
	518	mcda_echo Show the field ONLY if: [mcda_cardiodiagnost]='1'	ECHO (Tier 2)	radio (Matrix) <table><tr><td>1</td><td>Yes - abnormalities detected</td></tr><tr><td>2</td><td>Yes normal</td></tr><tr><td>0</td><td>No - not performed</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - abnormalities detected	2	Yes normal	0	No - not performed	98	Unknown
1	Yes - abnormalities detected											
2	Yes normal											
0	No - not performed											
98	Unknown											
	519	mcda_echo_date Show the field ONLY if: [mcda_echo]='1' or [mcda_echo]='2'	Cardiovascular Diagnostic Assessment Date	text (date_mdy) Field Annotation: @HIDEBUTTON								
	520	mcda_echo_abnormal Show the field ONLY if: [mcda_echo]='1'	Was there	radio <table><tr><td>1</td><td>Abnormal function</td></tr><tr><td>2</td><td>Pericardial effusion</td></tr><tr><td>3</td><td>Coronary artery abnormalities</td></tr></table>	1	Abnormal function	2	Pericardial effusion	3	Coronary artery abnormalities		
1	Abnormal function											
2	Pericardial effusion											
3	Coronary artery abnormalities											
	521	mcda_cardiacmri Show the field ONLY if: [mcda_cardiodiagnost]='1'	Cardiac MRI (Tier 2)	radio (Matrix) <table><tr><td>1</td><td>Yes - abnormalities detected</td></tr><tr><td>2</td><td>Yes normal</td></tr><tr><td>0</td><td>No - not performed</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - abnormalities detected	2	Yes normal	0	No - not performed	98	Unknown
1	Yes - abnormalities detected											
2	Yes normal											
0	No - not performed											
98	Unknown											
	522	mcda_cardiacmri_date Show the field ONLY if: [mcda_cardiacmri]='1' or [mcda_cardiacmri]='2'	Cardiovascular Diagnostic Assessment Date	text (date_mdy) Field Annotation: @HIDEBUTTON								

	523	mcda_cardiacmri_abnormal Show the field ONLY if: [mcda_cardiacmri]='1'	Was there	radio <table><tr><td>1</td><td>Abnormal function</td></tr><tr><td>2</td><td>Pericardial effusion</td></tr><tr><td>3</td><td>Coronary artery abnormalities</td></tr></table>	1	Abnormal function	2	Pericardial effusion	3	Coronary artery abnormalities		
1	Abnormal function											
2	Pericardial effusion											
3	Coronary artery abnormalities											
	524	mcda_cda_oth Show the field ONLY if: [mcda_cardiodiagnost]='1'	Other test	radio (Matrix) <table><tr><td>1</td><td>Yes - abnormalities detected</td></tr><tr><td>2</td><td>Yes normal</td></tr><tr><td>0</td><td>No - not performed</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - abnormalities detected	2	Yes normal	0	No - not performed	98	Unknown
1	Yes - abnormalities detected											
2	Yes normal											
0	No - not performed											
98	Unknown											
	525	mcda_cda_oth_spfy Show the field ONLY if: [mcda_cda_oth]='1' or [mcda_cda_oth]='2'	Specify test	text								
	526	mcda_cda_oth_date Show the field ONLY if: [mcda_cda_oth]='1' or [mcda_cda_oth]='2'	Cardiovascular Diagnostic Assessment Date	text (date_mdy) Field Annotation: @HIDEBUTTON								
	527	mcda_oth_abnormal Show the field ONLY if: [mcda_cda_oth]='1'	Was there	radio <table><tr><td>1</td><td>Abnormal function</td></tr><tr><td>2</td><td>Pericardial effusion</td></tr><tr><td>3</td><td>Coronary artery abnormalities</td></tr></table>	1	Abnormal function	2	Pericardial effusion	3	Coronary artery abnormalities		
1	Abnormal function											
2	Pericardial effusion											
3	Coronary artery abnormalities											
	528	mcda_pulmdiag	Section Header: <i>Pulmonary Diagnostic Assessment Abnormalities</i> Did the patient have any pulmonary diagnostic testing (beyond physical exam and radiographic imaging)	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Field Annotation: WHO Post COVID Case Report Form Biomedical Pediatric WG modifications https://cdn.who.int/media/docs/default-source/3rd-edl-submissions/who_crf_postcovid_feb9_2021.pdf?sfvrsn=76afd14_1&download=true https://pubmed.ncbi.nlm.nih.gov/28637155/	1	Yes	0	No	98	Unknown		
1	Yes											
0	No											
98	Unknown											
	529	mcda_footnote	Additional Guidance: Please note that while the 6-Minute Walk Test (6-MWT) is currently grouped with the Pulmonary Diagnostic Assessments, it is also used as a Cardiovascular Diagnostic Assessment. Please refer to the footnote for 6-MWT assessment in MIS-C patients.	descriptive								
	530	mcda_6walk Show the field ONLY if: [mcda_pulmdiag]='1'	6-Minute Walk Test (Tier 2) [only ages 6+]	radio (Matrix) <table><tr><td>1</td><td>Yes - abnormalities detected</td></tr><tr><td>2</td><td>Yes normal</td></tr><tr><td>0</td><td>No - not performed</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Field Annotation: Penner J, Abdel-Mannan O, Grant K, Maillard S, Kucera F, Hassell J, Eyre M, Berger Z, Hachohen Y, Moshal K; GOSH PIMS-TS MDT Group. 6-month multidisciplinary follow-up and outcomes of patients with paediatric inflammatory multisystem syndrome (PIMS-TS) at a UK tertiary paediatric hospital: a retrospective cohort study. Lancet Child Adolesc Health. 2021 Jul;5(7):473-482. doi: 10.1016/S2352-4642(21)00138-3. PMID: 34043958. https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(21)00138-3/fulltext	1	Yes - abnormalities detected	2	Yes normal	0	No - not performed	98	Unknown
1	Yes - abnormalities detected											
2	Yes normal											
0	No - not performed											
98	Unknown											

	531	mcda_6walk_date Show the field ONLY if: [mcda_6walk]='1' or [mcda_6walk]='2'	Pulmonary Diagnostic Assessment Date <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @HIDEBUTTON								
	532	mcda_pulmon Show the field ONLY if: [mcda_pulmdiag]='1'	Pulmonary Function Test (Tier 2) [only ages 6+]	radio (Matrix) <table><tr><td>1</td><td>Yes - abnormalities detected</td></tr><tr><td>2</td><td>Yes normal</td></tr><tr><td>0</td><td>No - not performed</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - abnormalities detected	2	Yes normal	0	No - not performed	98	Unknown
1	Yes - abnormalities detected											
2	Yes normal											
0	No - not performed											
98	Unknown											
	533	mcda_pulmon_date Show the field ONLY if: [mcda_pulmon]='1' or [mcda_pulmon]='2'	Pulmonary Diagnostic Assessment Date <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @HIDEBUTTON								
	534	mcda_coox Show the field ONLY if: [mcda_pulmdiag]='1'	Co-oximetry (Tier 2)	radio (Matrix) <table><tr><td>1</td><td>Yes - abnormalities detected</td></tr><tr><td>2</td><td>Yes normal</td></tr><tr><td>0</td><td>No - not performed</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - abnormalities detected	2	Yes normal	0	No - not performed	98	Unknown
1	Yes - abnormalities detected											
2	Yes normal											
0	No - not performed											
98	Unknown											
	535	mcda_coox_date Show the field ONLY if: [mcda_coox]='1' or [mcda_coox]='2'	Pulmonary Diagnostic Assessment Date <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @HIDEBUTTON								
	536	mcda_2walk Show the field ONLY if: [mcda_pulmdiag]='1'	2-Minute Walk Test (Tier 2)	radio (Matrix) <table><tr><td>1</td><td>Yes - abnormalities detected</td></tr><tr><td>2</td><td>Yes normal</td></tr><tr><td>0</td><td>No - not performed</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <p>Field Annotation: Bohannon RW, Wang YC, Bubela D, Gershon RC. Normative Two-Minute Walk Test Distances for Boys and Girls 3 to 17 Years of Age. Phys Occup Ther Pediatr. 2018 Feb;38(1):39-45. doi: 10.1080/01942638.2016.1261981. Epub 2017 Jan 27. PMID: 28129009. https://pubmed.ncbi.nlm.nih.gov/28129009/</p>	1	Yes - abnormalities detected	2	Yes normal	0	No - not performed	98	Unknown
1	Yes - abnormalities detected											
2	Yes normal											
0	No - not performed											
98	Unknown											
	537	mcda_2walk_date Show the field ONLY if: [mcda_2walk]='1' or [mcda_2walk]='2'	Pulmonary Diagnostic Assessment Date <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @HIDEBUTTON								
	538	mcda_pda_oth Show the field ONLY if: [mcda_pulmdiag]='1'	Other tests (specify test) performed (Tier 2)	radio (Matrix) <table><tr><td>1</td><td>Yes - abnormalities detected</td></tr><tr><td>2</td><td>Yes normal</td></tr><tr><td>0</td><td>No - not performed</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - abnormalities detected	2	Yes normal	0	No - not performed	98	Unknown
1	Yes - abnormalities detected											
2	Yes normal											
0	No - not performed											
98	Unknown											
	539	mcda_pda_oth_spfy Show the field ONLY if: [mcda_pda_oth]='1' or [mcda_pda_oth]='2'	Specify other	text								
	540	mcda_pda_oth_date Show the field ONLY if: [mcda_pda_oth]='1' or [mcda_pda_oth]='2'	Pulmonary Diagnostic Assessment Date <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @HIDEBUTTON								

541	manifestations_cardiopulmonary_diagnostic_assessme_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										
Instrument: Manifestations: Imaging (manifestations_imaging) Enabled as survey ^ Collapse Collapse											
542	mi_xray	Section Header: <i>Radiographic Imaging Abnormalities Additional Guidance: Similar to vital signs and clinical labs, the Working Group is not currently recommending frequency for documentation of specific radiographic imaging. Study sites are encouraged to provide any radiographic imaging data that are collected for monitoring of participants, in addition to the data reporting abnormality.</i> Did the patient have a chest x-ray performed?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes - abnormalities detected</td></tr> <tr><td>2</td><td>Yes normal</td></tr> <tr><td>0</td><td>No - not performed</td></tr> <tr><td>98</td><td>Unknown</td></tr> </table> Field Annotation: WHO Post COVID Case Report Form Biomedical Pediatric WG modifications https://cdn.who.int/media/docs/default-source/3rd-edl-submissions/who_crf_postcovid_feb9_2021.pdf?sfvrsn=76afd14_1&download=true	1	Yes - abnormalities detected	2	Yes normal	0	No - not performed	98	Unknown
1	Yes - abnormalities detected										
2	Yes normal										
0	No - not performed										
98	Unknown										
543	mi_xray_date Show the field ONLY if: [mi_xray]='1' or [mi_xray]='2'	Date of Chest X-Ray <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @HIDEBUTTON								
544	mi_xray_tm Show the field ONLY if: [mi_xray]='1' or [mi_xray]='2'	Time of Chest X-Ray <i>MM/DD/YYYY</i>	text (timenocolon) Field Annotation: @HIDEBUTTON								
545	mi_radioimage	Section Header: <i>Tier 2</i> Did the patient have any other radiographic imaging performed?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Unknown</td></tr> </table> Custom alignment: RH	1	Yes	0	No	98	Unknown		
1	Yes										
0	No										
98	Unknown										
546	mi_ctbrain Show the field ONLY if: [mi_radioimage]='1'	CT Brain	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes - abnormalities detected</td></tr> <tr><td>2</td><td>Yes - normal</td></tr> <tr><td>0</td><td>No - not performed</td></tr> <tr><td>98</td><td>Unknown</td></tr> </table>	1	Yes - abnormalities detected	2	Yes - normal	0	No - not performed	98	Unknown
1	Yes - abnormalities detected										
2	Yes - normal										
0	No - not performed										
98	Unknown										
547	mi_ctbrain_date Show the field ONLY if: [mi_ctbrain]='1' or [mi_ctbrain]='2'	Date of CT Brain <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @HIDEBUTTON								
548	mi_ctchest Show the field ONLY if: [mi_radioimage]='1'	CT Chest	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes - abnormalities detected</td></tr> <tr><td>2</td><td>Yes - normal</td></tr> <tr><td>0</td><td>No - not performed</td></tr> <tr><td>98</td><td>Unknown</td></tr> </table>	1	Yes - abnormalities detected	2	Yes - normal	0	No - not performed	98	Unknown
1	Yes - abnormalities detected										
2	Yes - normal										
0	No - not performed										
98	Unknown										
549	mi_ctchest_date Show the field ONLY if: [mi_ctchest]='1' or [mi_ctchest]='2'	Date of CT Chest <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @HIDEBUTTON								

	550	mi_ctabdomen Show the field ONLY if: [mi_radioimage]='1'	CT Abdomen	radio (Matrix) <table><tr><td>1</td><td>Yes - abnormalities detected</td></tr><tr><td>2</td><td>Yes - normal</td></tr><tr><td>0</td><td>No - not performed</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - abnormalities detected	2	Yes - normal	0	No - not performed	98	Unknown
1	Yes - abnormalities detected											
2	Yes - normal											
0	No - not performed											
98	Unknown											
	551	mi_ctabdomen_date Show the field ONLY if: [mi_ctabdomen]='1' or [mi_ctabdomen]='2'	Date of CT Abdomen <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @HIDEBUTTON								
	552	mi_lung Show the field ONLY if: [mi_radioimage]='1'	Lung Ultrasound	radio (Matrix) <table><tr><td>1</td><td>Yes - abnormalities detected</td></tr><tr><td>2</td><td>Yes - normal</td></tr><tr><td>0</td><td>No - not performed</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - abnormalities detected	2	Yes - normal	0	No - not performed	98	Unknown
1	Yes - abnormalities detected											
2	Yes - normal											
0	No - not performed											
98	Unknown											
	553	mi_lung_date Show the field ONLY if: [mi_lung]='1' or [mi_lung]='2'	Date of Lung Ultrasound <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @HIDEBUTTON								
	554	mi_vascular Show the field ONLY if: [mi_radioimage]='1'	Vascular Ultrasound	radio (Matrix) <table><tr><td>1</td><td>Yes - abnormalities detected</td></tr><tr><td>2</td><td>Yes - normal</td></tr><tr><td>0</td><td>No - not performed</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - abnormalities detected	2	Yes - normal	0	No - not performed	98	Unknown
1	Yes - abnormalities detected											
2	Yes - normal											
0	No - not performed											
98	Unknown											
	555	mi_vascular_date Show the field ONLY if: [mi_vascular]='1' or [mi_vascular]='2'	Date of Vascular Ultrasound <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @HIDEBUTTON								
	556	mi_abs Show the field ONLY if: [mi_radioimage]='1'	Abdominal Ultrasound	radio (Matrix) <table><tr><td>1</td><td>Yes - abnormalities detected</td></tr><tr><td>2</td><td>Yes - normal</td></tr><tr><td>0</td><td>No - not performed</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - abnormalities detected	2	Yes - normal	0	No - not performed	98	Unknown
1	Yes - abnormalities detected											
2	Yes - normal											
0	No - not performed											
98	Unknown											
	557	mi_abs_date Show the field ONLY if: [mi_abs]='1' or [mi_abs]='2'	Date of Abdominal Ultrasound <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @HIDEBUTTON								
	558	mi_neonatal Show the field ONLY if: [mi_radioimage]='1'	Neonatal Ultrasound Brain (Only performed on infants with open anterior fontanelle)	radio (Matrix) <table><tr><td>1</td><td>Yes - abnormalities detected</td></tr><tr><td>2</td><td>Yes - normal</td></tr><tr><td>0</td><td>No - not performed</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	1	Yes - abnormalities detected	2	Yes - normal	0	No - not performed	98	Unknown
1	Yes - abnormalities detected											
2	Yes - normal											
0	No - not performed											
98	Unknown											
	559	mi_neonatal_date Show the field ONLY if: [mi_neonatal]='1' or [mi_neonatal]='2'	Date of Neonatal Ultrasound (brain) <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @HIDEBUTTON								

	560	mi_mribrain Show the field ONLY if: [mi_radioimage]='1'	MRI Brain	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes - abnormalities detected</td></tr><tr><td>2</td><td>Yes - normal</td></tr><tr><td>0</td><td>No - not performed</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	radio (Matrix)		1	Yes - abnormalities detected	2	Yes - normal	0	No - not performed	98	Unknown
radio (Matrix)														
1	Yes - abnormalities detected													
2	Yes - normal													
0	No - not performed													
98	Unknown													
	561	mi_mribrain_date Show the field ONLY if: [mi_mribrain]='1' or [mi_mribrain]='2'	Date of MRI Brain <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @HIDEBUTTON										
	562	mi_mrispine Show the field ONLY if: [mi_radioimage]='1'	MRI Spine	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes - abnormalities detected</td></tr><tr><td>2</td><td>Yes - normal</td></tr><tr><td>0</td><td>No - not performed</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	radio (Matrix)		1	Yes - abnormalities detected	2	Yes - normal	0	No - not performed	98	Unknown
radio (Matrix)														
1	Yes - abnormalities detected													
2	Yes - normal													
0	No - not performed													
98	Unknown													
	563	mi_mrispine_date Show the field ONLY if: [mi_mrispine]='1' or [mi_mrispine]='2'	Date of MRI Spine <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @HIDEBUTTON										
	564	mi_mriabdomen Show the field ONLY if: [mi_radioimage]='1'	MRI Abdomen	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes - abnormalities detected</td></tr><tr><td>2</td><td>Yes - normal</td></tr><tr><td>0</td><td>No - not performed</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	radio (Matrix)		1	Yes - abnormalities detected	2	Yes - normal	0	No - not performed	98	Unknown
radio (Matrix)														
1	Yes - abnormalities detected													
2	Yes - normal													
0	No - not performed													
98	Unknown													
	565	mi_mriabdomen_date Show the field ONLY if: [mi_mriabdomen]='1' or [mi_mriabdomen]= ='2'	Date of MRI Abdomen <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @HIDEBUTTON										
	566	mi_oth Show the field ONLY if: [mi_radioimage]='1'	Section Header: Other radiographic imaging (specify test) performed	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes - abnormalities detected</td></tr><tr><td>2</td><td>Yes - normal</td></tr><tr><td>0</td><td>No - not performed</td></tr><tr><td>98</td><td>Unknown</td></tr></table>	radio (Matrix)		1	Yes - abnormalities detected	2	Yes - normal	0	No - not performed	98	Unknown
radio (Matrix)														
1	Yes - abnormalities detected													
2	Yes - normal													
0	No - not performed													
98	Unknown													
	567	mi_oth1 Show the field ONLY if: [mi_oth]='1' or [mi_oth]='2'	1. Specify test	text										
	568	mi_oth1_date Show the field ONLY if: [mi_oth]='1' or [mi_oth]='2'	1. Date of Other Radiographic Imaging (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @HIDEBUTTON										
	569	mi_oth2 Show the field ONLY if: [mi_oth]='1' or [mi_oth]='2'	2. Specify test 2	text										
	570	mi_oth2_date Show the field ONLY if: [mi_oth]='1' or [mi_oth]='2'	2. Date of Other Radiographic Imaging (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @HIDEBUTTON										

	571	mi_oth3 Show the field ONLY if: [mi_oth]='1' or [mi_oth]='2'	3. Specify test 3	text						
	572	mi_oth3_date Show the field ONLY if: [mi_oth]='1' or [mi_oth]='2'	3. Date of Other Radiographic Imaging (Tier 2) <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: @HIDEBUTTON						
	573	manifestations_imaging_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									


Instrument: **Diagnosis** (diagnosis) Enabled as survey Collapse Collapse

	574	diag_cov2test	<div>Section Header: <i>SARS-CoV-2 Tested</i></div> <div>Has the participant been tested for SARS-CoV-2?</div>	<div>radio</div> <table><tr><td>1</td><td>Tested</td></tr><tr><td>2</td><td>Not Tested</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1</div>	1	Tested	2	Not Tested	98	Unknown						
1	Tested															
2	Not Tested															
98	Unknown															
	575	diag_cov2test_rslt <div>Show the field ONLY if: [diag_cov2test]='1'</div>	<div>What was the result?</div>	<div>radio</div> <table><tr><td>1</td><td>Positive</td></tr><tr><td>0</td><td>Negative</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1</div>	1	Positive	0	Negative	98	Unknown						
1	Positive															
0	Negative															
98	Unknown															
	576	diag_rtpcr_quant <div>Show the field ONLY if: [diag_cov2test]='1'</div>	<div>Section Header: <i>What tests were performed?</i></div> <div>Molecular amplification test (RT PCR, NAAT) - SARS-CoV-2 RNA level Quantitative</div>	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div> <div>Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206</div> <div>Clinical Data Coordination Group (Project 5) CDE, Tier 1</div>	1	Yes	0	No	98	Unknown						
1	Yes															
0	No															
98	Unknown															
	577	diag_rtpcr_quant_rslt <div>Show the field ONLY if: [diag_rtpcr_quant]='1'</div>	<div>Result</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Detected</td></tr><tr><td>2</td><td>Not Detected</td></tr><tr><td>3</td><td>Not detected in pooled specimen</td></tr><tr><td>4</td><td>Inconclusive</td></tr><tr><td>97</td><td>N/A or Not reported</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206</div> <div>Clinical Data Coordination Group (Project 5) CDE, Tier 1</div>	1	Detected	2	Not Detected	3	Not detected in pooled specimen	4	Inconclusive	97	N/A or Not reported	98	Unknown
1	Detected															
2	Not Detected															
3	Not detected in pooled specimen															
4	Inconclusive															
97	N/A or Not reported															
98	Unknown															

	578	diag_rtpcr_quant_date Show the field ONLY if: [diag_rtpcr_quant]='1'	Date of test	text (date_mdy) Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 Clinical Data Coordination Group (Project 5) CDE, Tier 1												
	579	dxdesc2 Show the field ONLY if: [diag_cov2test]='1'		descriptive												
	580	diag_rtpcr_qual Show the field ONLY if: [diag_cov2test]='1'	Molecular amplification test (RT PCR, NAAT) - SARS-CoV-2 RNA detection Qualitative	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Custom alignment: RH Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 Clinical Data Coordination Group (Project 5) CDE, Tier 1	1	Yes	0	No	98	Unknown						
1	Yes															
0	No															
98	Unknown															
	581	diag_rtpcr_qual_rslt Show the field ONLY if: [diag_rtpcr_qual]='1'	Result	radio (Matrix) <table><tr><td>1</td><td>Detected</td></tr><tr><td>2</td><td>Not Detected</td></tr><tr><td>3</td><td>Not detected in pooled specimen</td></tr><tr><td>4</td><td>Inconclusive</td></tr><tr><td>97</td><td>N/A or Not reported</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 Clinical Data Coordination Group (Project 5) CDE, Tier 1	1	Detected	2	Not Detected	3	Not detected in pooled specimen	4	Inconclusive	97	N/A or Not reported	98	Unknown
1	Detected															
2	Not Detected															
3	Not detected in pooled specimen															
4	Inconclusive															
97	N/A or Not reported															
98	Unknown															
	582	diag_rtpcr_qual_date Show the field ONLY if: [diag_rtpcr_qual]='1'	Date of test	text (date_mdy) Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 Clinical Data Coordination Group (Project 5) CDE, Tier 1												
	583	dxdesc3 Show the field ONLY if: [diag_cov2test]='1'		descriptive												
	584	diag_rapid_ag Show the field ONLY if: [diag_cov2test]='1'	SARS-CoV-2 Antigen - SARS-CoV-2 Rapid Antigen	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Custom alignment: RH Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 Clinical Data Coordination Group (Project 5) CDE, Tier 1	1	Yes	0	No	98	Unknown						
1	Yes															
0	No															
98	Unknown															

	585	diag_rapid_ag_rslt Show the field ONLY if: [diag_rapid_ag]='1'	Result	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Detected</td></tr><tr><td>2</td><td>Not Detected</td></tr><tr><td>3</td><td>Not detected in pooled specimen</td></tr><tr><td>4</td><td>Inconclusive</td></tr><tr><td>97</td><td>N/A or Not reported</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 Clinical Data Coordination Group (Project 5) CDE, Tier 1</div>	radio (Matrix)		1	Detected	2	Not Detected	3	Not detected in pooled specimen	4	Inconclusive	97	N/A or Not reported	98	Unknown
radio (Matrix)																		
1	Detected																	
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97	N/A or Not reported																	
98	Unknown																	
	586	diag_rapid_ag_date Show the field ONLY if: [diag_rapid_ag]='1'	Date of test	text (date_mdy) <div>Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 Clinical Data Coordination Group (Project 5) CDE, Tier 1</div>														
	587	dxdesc4 Show the field ONLY if: [diag_cov2test]='1'		descriptive														
	588	diag_igm Show the field ONLY if: [diag_cov2test]='1'	Serology - SARS CoV-2 IgM	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 Clinical Data Coordination Group (Project 5) CDE, Tier 1</div>	radio		1	Yes	0	No	98	Unknown						
radio																		
1	Yes																	
0	No																	
98	Unknown																	
	589	diag_igm_rslt Show the field ONLY if: [diag_igm]='1'	Result	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Detected</td></tr><tr><td>2</td><td>Not Detected</td></tr><tr><td>3</td><td>Not detected in pooled specimen</td></tr><tr><td>4</td><td>Inconclusive</td></tr><tr><td>97</td><td>N/A or Not reported</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 Clinical Data Coordination Group (Project 5) CDE, Tier 1</div>	radio (Matrix)		1	Detected	2	Not Detected	3	Not detected in pooled specimen	4	Inconclusive	97	N/A or Not reported	98	Unknown
radio (Matrix)																		
1	Detected																	
2	Not Detected																	
3	Not detected in pooled specimen																	
4	Inconclusive																	
97	N/A or Not reported																	
98	Unknown																	
	590	diag_ign_date Show the field ONLY if: [diag_igm]='1'	Date of test	text (date_mdy) <div>Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 Clinical Data Coordination Group (Project 5) CDE, Tier 1</div>														
	591	dxdesc5 Show the field ONLY if: [diag_cov2test]='1'		descriptive														

	592	diag_igg Show the field ONLY if: [diag_cov2test]='1'	Serology - SARS CoV-2 IgG or Neutralizing Antibody/Serologic	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Custom alignment: RH Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 Clinical Data Coordination Group (Project 5) CDE, Tier 1	radio		1	Yes	0	No	98	Unknown						
radio																		
1	Yes																	
0	No																	
98	Unknown																	
	593	diag_igg_abtype Show the field ONLY if: [diag_igg]='1'	if yes, what is the antibody to?	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Spike protein antibody</td></tr><tr><td>2</td><td>Nucleocapsid antibody</td></tr></table> Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 Clinical Data Coordination Group (Project 5) CDE, Tier 1	radio		1	Spike protein antibody	2	Nucleocapsid antibody								
radio																		
1	Spike protein antibody																	
2	Nucleocapsid antibody																	
	594	diag_igg_rslt Show the field ONLY if: [diag_igg]='1'	Result	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Detected</td></tr><tr><td>2</td><td>Not Detected</td></tr><tr><td>3</td><td>Not detected in pooled specimen</td></tr><tr><td>4</td><td>Inconclusive</td></tr><tr><td>97</td><td>N/A or Not reported</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 Clinical Data Coordination Group (Project 5) CDE, Tier 1	radio (Matrix)		1	Detected	2	Not Detected	3	Not detected in pooled specimen	4	Inconclusive	97	N/A or Not reported	98	Unknown
radio (Matrix)																		
1	Detected																	
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	595	diag_igg_date Show the field ONLY if: [diag_igg]='1'	Date of test	text (date_mdy) Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 Clinical Data Coordination Group (Project 5) CDE, Tier 1														
	596	dxdesc6 Show the field ONLY if: [diag_cov2test]='1'		descriptive														
	597	diag_oth Show the field ONLY if: [diag_cov2test]='1'	Other	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Custom alignment: RH Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 Clinical Data Coordination Group (Project 5) CDE, Tier 1	radio		1	Yes	0	No	98	Unknown						
radio																		
1	Yes																	
0	No																	
98	Unknown																	
	598	diag_oth_spec Show the field ONLY if: [diag_oth]='1'	Specify other test performed	text Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 Clinical Data Coordination Group (Project 5) CDE, Tier 1														

599	diag_oth_rslt Show the field ONLY if: [diag_oth]='1'	Result	radio (Matrix) <table border="1"> <tr><td>1</td><td>Detected</td></tr> <tr><td>2</td><td>Not Detected</td></tr> <tr><td>3</td><td>Not detected in pooled specimen</td></tr> <tr><td>4</td><td>Inconclusive</td></tr> <tr><td>97</td><td>N/A or Not reported</td></tr> <tr><td>98</td><td>Unknown</td></tr> </table> <p>Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 Clinical Data Coordination Group (Project 5) CDE, Tier 1</p>	1	Detected	2	Not Detected	3	Not detected in pooled specimen	4	Inconclusive	97	N/A or Not reported	98	Unknown															
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3	Not detected in pooled specimen																													
4	Inconclusive																													
97	N/A or Not reported																													
98	Unknown																													
600	diag_oth_date Show the field ONLY if: [diag_oth]='1'	Date of test	text (date_mdY) Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 Clinical Data Coordination Group (Project 5) CDE, Tier 1																											
601	diag_samptype Show the field ONLY if: [diag_cov2test]='1'	Section Header: Sample Type Collected (Tier 2)	checkbox <table border="1"> <tr><td>1</td><td>diag_samptype__1</td><td>Nasal</td></tr> <tr><td>2</td><td>diag_samptype__2</td><td>Nasopharyngeal</td></tr> <tr><td>3</td><td>diag_samptype__3</td><td>Saliva</td></tr> <tr><td>4</td><td>diag_samptype__4</td><td>Endotracheal aspirate</td></tr> <tr><td>5</td><td>diag_samptype__5</td><td>Bronchoalveolar lavage (BAL) fluid</td></tr> <tr><td>6</td><td>diag_samptype__6</td><td>Blood</td></tr> <tr><td>7</td><td>diag_samptype__7</td><td>Stool</td></tr> <tr><td>8</td><td>diag_samptype__8</td><td>Cord Blood</td></tr> <tr><td>98</td><td>diag_samptype__98</td><td>Unknown</td></tr> </table> <p>Field Annotation: acute BRAVE KIDS casereportform @NONEOFTHEABOVE='98'</p>	1	diag_samptype__1	Nasal	2	diag_samptype__2	Nasopharyngeal	3	diag_samptype__3	Saliva	4	diag_samptype__4	Endotracheal aspirate	5	diag_samptype__5	Bronchoalveolar lavage (BAL) fluid	6	diag_samptype__6	Blood	7	diag_samptype__7	Stool	8	diag_samptype__8	Cord Blood	98	diag_samptype__98	Unknown
1	diag_samptype__1	Nasal																												
2	diag_samptype__2	Nasopharyngeal																												
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6	diag_samptype__6	Blood																												
7	diag_samptype__7	Stool																												
8	diag_samptype__8	Cord Blood																												
98	diag_samptype__98	Unknown																												
602	diagnosis_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																					
0	Incomplete																													
1	Unverified																													
2	Complete																													
Instrument: Treatment (treatment)  Enabled as survey ^ Collapse Collapse																														
603	tx_high_care	Highest level of care received during the COVID-19 episode?	radio <table border="1"> <tr><td>1</td><td>Admitted to the intensive care unit (ICU)</td></tr> <tr><td>2</td><td>Admitted to the hospital</td></tr> <tr><td>3</td><td>Emergency Department assessment</td></tr> <tr><td>4</td><td>Outpatient (in-person and telemedicine)</td></tr> <tr><td>5</td><td>Self-care alone/over-the-counter medications</td></tr> <tr><td>98</td><td>Unknown</td></tr> </table> <p>Custom alignment: LV Field Annotation: WHO Post COVID Case Report Form https://cdn.who.int/media/docs/default-source/3rd-edl-submissions/who_crf_postcovid_feb9_2021.pdf?sfvrsn=76afd14_1&download=true</p>	1	Admitted to the intensive care unit (ICU)	2	Admitted to the hospital	3	Emergency Department assessment	4	Outpatient (in-person and telemedicine)	5	Self-care alone/over-the-counter medications	98	Unknown															
1	Admitted to the intensive care unit (ICU)																													
2	Admitted to the hospital																													
3	Emergency Department assessment																													
4	Outpatient (in-person and telemedicine)																													
5	Self-care alone/over-the-counter medications																													
98	Unknown																													

	604	tx_admitx_date	Date of current or any previous hospital admission for COVID-19	text (date_mdy)																
	605	tx_discharge_date	Date of discharge	text (date_mdy)																
	606	tx_discharge_diag	Were any of the following conditions listed as a discharge diagnosis for this COVID-19 related admission?	<div>checkbox</div> <table><tr><td>1</td><td>tx_discharge_diag__1</td><td>Acute COVID</td></tr><tr><td>2</td><td>tx_discharge_diag__2</td><td>MIS-C</td></tr><tr><td>3</td><td>tx_discharge_diag__3</td><td>Kawasaki Disease</td></tr><tr><td>4</td><td>tx_discharge_diag__4</td><td>Long COVID/Post-Acute Sequelae of COVID (PASC)</td></tr><tr><td>5</td><td>tx_discharge_diag__5</td><td>None of the above</td></tr></table> <div>Custom alignment: LV Field Annotation: Biomedical Pediatric WG @NONEOFTHEABOVE='5'</div>		1	tx_discharge_diag__1	Acute COVID	2	tx_discharge_diag__2	MIS-C	3	tx_discharge_diag__3	Kawasaki Disease	4	tx_discharge_diag__4	Long COVID/Post-Acute Sequelae of COVID (PASC)	5	tx_discharge_diag__5	None of the above
1	tx_discharge_diag__1	Acute COVID																		
2	tx_discharge_diag__2	MIS-C																		
3	tx_discharge_diag__3	Kawasaki Disease																		
4	tx_discharge_diag__4	Long COVID/Post-Acute Sequelae of COVID (PASC)																		
5	tx_discharge_diag__5	None of the above																		
	607	tx_icu_admitx_date	Date of current or any previous ICU Admission	text (date_mdy)																
	608	tx_icu_discharge_date	Date of ICU Discharge	text (date_mdy)																
	609	tx_meds Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Medications of Interest (Acute COVID/MIS-C/Long COVID (PASC) Directed) What medications did the patient take or receive to treat Acute COVID-19/MIS-C/Long COVID (PASC)	descriptive Field Annotation: CONNECTS NHLBI Common Data Elements WG modifications https://nhlbi-connects.org/common_data_elements																
	610	tx_heparin Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Anti-coagulant - Heparin	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>		1	Yes	0	No	98	Unknown	99	Not Reported							
1	Yes																			
0	No																			
98	Unknown																			
99	Not Reported																			
	611	tx_heparin_start Show the field ONLY if: [tx_heparin] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form																
	612	tx_heparin_ongoing Show the field ONLY if: [tx_heparin] = '1'	Ongoing?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH Field Annotation: POP02 Case Report Form</div>		1	Yes	0	No											
1	Yes																			
0	No																			
	613	tx_heparin_stop Show the field ONLY if: [tx_heparin_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form																
	614	tx_enoxaparin Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Anti-coagulant - Enoxaparin	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>		1	Yes	0	No	98	Unknown	99	Not Reported							
1	Yes																			
0	No																			
98	Unknown																			
99	Not Reported																			
	615	tx_enoxaparin_start Show the field ONLY if: [tx_enoxaparin] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form																

	616	tx_enoxaparin_ongoing Show the field ONLY if: [tx_enoxaparin] = '1'	Ongoing?	<div>yesno</div> <div><div>1</div>Yes</div> <div><div>0</div>No</div> <div>Custom alignment: RH</div> <div>Field Annotation: POP02 Case Report Form</div>
	617	tx_enoxaparin_stop Show the field ONLY if: [tx_enoxaparin_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form
	618	tx_warfarin Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Anti-coagulant - Warfarin	radio (Matrix) <div><div>1</div>Yes</div> <div><div>0</div>No</div> <div><div>98</div>Unknown</div> <div><div>99</div>Not Reported</div>
	619	tx_warfarin_start Show the field ONLY if: [tx_warfarin] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form
	620	tx_warfarin_ongoing Show the field ONLY if: [tx_warfarin] = '1'	Ongoing?	<div>yesno</div> <div><div>1</div>Yes</div> <div><div>0</div>No</div> <div>Custom alignment: RH</div> <div>Field Annotation: POP02 Case Report Form</div>
	621	tx_warfarin_stop Show the field ONLY if: [tx_warfarin_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form
	622	tx_doac Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Anti-coagulant - Direct oral anticoagulant (DOAC)	radio (Matrix) <div><div>1</div>Yes</div> <div><div>0</div>No</div> <div><div>98</div>Unknown</div> <div><div>99</div>Not Reported</div>
	623	tx_doac_start Show the field ONLY if: [tx_doac] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form
	624	tx_doac_ongoing Show the field ONLY if: [tx_doac] = '1'	Ongoing?	<div>yesno</div> <div><div>1</div>Yes</div> <div><div>0</div>No</div> <div>Custom alignment: RH</div> <div>Field Annotation: POP02 Case Report Form</div>
	625	tx_doac_stop Show the field ONLY if: [tx_doac_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form

626	tx_antiplate Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Anti-coagulant - Antiplatelets/Aspirin therapy	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes										
0	No										
98	Unknown										
99	Not Reported										
627	tx_antiplate_start Show the field ONLY if: [tx_antiplate] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
628	tx_antiplate_ongoing Show the field ONLY if: [tx_antiplate] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes										
0	No										
629	tx_antiplate_stop Show the field ONLY if: [tx_antiplate_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
630	tx_antibio Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Systemic antibiotic	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes										
0	No										
98	Unknown										
99	Not Reported										
631	tx_antibio_spfy Show the field ONLY if: [tx_antibio]='1'	Specify Antibiotic	text								
632	tx_antibio_start Show the field ONLY if: [tx_antibio] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
633	tx_antibio_ongoing Show the field ONLY if: [tx_antibio] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes										
0	No										
634	tx_antibio_stop Show the field ONLY if: [tx_antibio_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
635	tx_anakinra Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Immune modulators/Immunosuppresants - Anakinra	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes										
0	No										
98	Unknown										
99	Not Reported										

	636	tx_anakinra_start Show the field ONLY if: [tx_anakinra] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	637	tx_anakinra_ongoing Show the field ONLY if: [tx_anakinra] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	638	tx_anakinra_stop Show the field ONLY if: [tx_anakinra_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	639	tx_tociliz Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Immune modulators/Immunosuppresants - Tocilizumab	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	640	tx_tociliz_start Show the field ONLY if: [tx_tociliz] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	641	tx_tociliz_ongoing Show the field ONLY if: [tx_tociliz] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	642	tx_tociliz_stop Show the field ONLY if: [tx_tociliz_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	643	tx_conplasma Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Immune modulators/Immunosuppresants - Convalescent plasma	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	644	tx_conplasma_start Show the field ONLY if: [tx_conplasma] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	645	tx_conplasma_ongoing Show the field ONLY if: [tx_conplasma] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											

	646	tx_conplasma_stop Show the field ONLY if: [tx_conplasma_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	647	tx_monoanti Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Immune modulators/Immunosuppresants - SARS-CoV-2 monoclonal antibodies	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	648	tx_monoanti_start Show the field ONLY if: [tx_monoanti] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	649	tx_monoanti_ongoing Show the field ONLY if: [tx_monoanti] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	650	tx_monoanti_stop Show the field ONLY if: [tx_monoanti_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	651	tx_ivig Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Immune modulators/Immunosuppresants - Intravenous immunoglobulins (IVIG)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	652	tx_ivig_start Show the field ONLY if: [tx_ivig] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	653	tx_ivig_ongoing Show the field ONLY if: [tx_ivig] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	654	tx_ivig_stop Show the field ONLY if: [tx_ivig_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	655	tx_interferon Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Immune modulators/Immunosuppresants - Interferon	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											

	656	tx_interferon_start Show the field ONLY if: [tx_interferon] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	657	tx_interferon_ongoing Show the field ONLY if: [tx_interferon] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	658	tx_interferon_stop Show the field ONLY if: [tx_interferon_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	659	tx_tnfinhib Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Immune modulators/Immunosuppresants - Tumor necrosis factor (TNF) inhibitors (i.e. infliximab, etanercept, adalimumab)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	660	tx_tnfinhib_start Show the field ONLY if: [tx_tnfinhib] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	661	tx_tnfinhib_ongoing Show the field ONLY if: [tx_tnfinhib] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	662	tx_tnfinhib_stop Show the field ONLY if: [tx_tnfinhib_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	663	tx_nsaid Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Immune modulators/Immunosuppresants - NSAID-Ibuprofen	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	664	tx_nsaid_start Show the field ONLY if: [tx_nsaid] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	665	tx_nsaid_ongoing Show the field ONLY if: [tx_nsaid] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											

	666	tx_nsaid_stop Show the field ONLY if: [tx_nsaid_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	667	tx_remdesivir Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Anti-viral/Anti-COVID - Remdesivir	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	668	tx_remdesivir_start Show the field ONLY if: [tx_remdesivir] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	669	tx_remdesivir_ongoing Show the field ONLY if: [tx_remdesivir] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	670	tx_remdesivir_stop Show the field ONLY if: [tx_remdesivir_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	671	tx_ribavirin Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Anti-viral/Anti-COVID - Ribavirin	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	672	tx_ribavirin_start Show the field ONLY if: [tx_ribavirin] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	673	tx_ribavirin_ongoing Show the field ONLY if: [tx_ribavirin] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	674	tx_ribavirin_stop Show the field ONLY if: [tx_ribavirin_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	675	tx_insulin Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Diabetic Medications - Insulin	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											

	676	tx_insulin_start Show the field ONLY if: [tx_insulin] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	677	tx_insulin_ongoing Show the field ONLY if: [tx_insulin] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	678	tx_insulin_stop Show the field ONLY if: [tx_insulin_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	679	tx_inhalesteroid Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Inhaled Medications - Inhaled steroids	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	680	tx_inhalesteroid_start Show the field ONLY if: [tx_inhalesteroid] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	681	tx_inhalesteroid_ongoing Show the field ONLY if: [tx_inhalesteroid] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	682	tx_inhalesteroid_stop Show the field ONLY if: [tx_inhalesteroid_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	683	tx_albuterol Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Inhaled Medications - Albuterol	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	684	tx_albuterol_start Show the field ONLY if: [tx_albuterol] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	685	tx_albuterol_ongoing Show the field ONLY if: [tx_albuterol] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											

	686	tx_albuterol_stop Show the field ONLY if: [tx_albuterol_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	687	tx_ipratropium Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Inhaled Medications - Ipratropium	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	688	tx_ipratropium_start Show the field ONLY if: [tx_ipratropium] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	689	tx_ipratropium_ongoing Show the field ONLY if: [tx_ipratropium] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	690	tx_ipratropium_stop Show the field ONLY if: [tx_ipratropium_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	691	tx_dexameth Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Systemic Steriods - Dexamethasone	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	692	tx_dexameth_start Show the field ONLY if: [tx_dexameth] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	693	tx_dexameth_ongoing Show the field ONLY if: [tx_dexameth] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	694	tx_dexameth_stop Show the field ONLY if: [tx_dexameth_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	695	tx_methylpred Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Systemic Steriods - Methylprednisolone	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											

	696	tx_methylpred_start Show the field ONLY if: [tx_methylpred] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	697	tx_methylpred_ongoing Show the field ONLY if: [tx_methylpred] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	698	tx_methylpred_stop Show the field ONLY if: [tx_methylpred_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	699	tx_prednisone Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Systemic Steriods - Prednisone/Prednisolone	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	700	tx_prednisone_start Show the field ONLY if: [tx_prednisone] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	701	tx_prednisone_ongoing Show the field ONLY if: [tx_prednisone] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	702	tx_prednisone_stop Show the field ONLY if: [tx_prednisone_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	703	tx_hydrocort Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_d iag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Systemic Steriods - Hydrocortisone	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	704	tx_hydrocort_start Show the field ONLY if: [tx_hydrocort] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	705	tx_hydrocort_ongoing Show the field ONLY if: [tx_hydrocort] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											

	706	tx_hydrocort_stop Show the field ONLY if: [tx_hydrocort_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	707	tx_fludrocort Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_diag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Systemic Steriods - Fludrocortisone	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	708	tx_fludrocort_start Show the field ONLY if: [tx_fludrocort] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	709	tx_fludrocort_ongoing Show the field ONLY if: [tx_fludrocort] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	710	tx_fludrocort_stop Show the field ONLY if: [tx_fludrocort_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	711	tx_med_oth Show the field ONLY if: [tx_discharge_diag(1)] = '1' or [tx_discharge_diag(2)] = '1' or [tx_discharge_diag(4)] = '1'	Other medications	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	712	tx_med_oth_spfy Show the field ONLY if: [tx_med_oth]='1'	Specify other	text								
	713	tx_med_oth_start Show the field ONLY if: [tx_med_oth] = '1'	Date Medication Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	714	tx_med_oth_ongoing Show the field ONLY if: [tx_med_oth] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	715	tx_med_oth_stop Show the field ONLY if: [tx_med_oth_ongoing]='0'	Date Medication Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	716	tx_medguide	Timing of medications, particularly immune modulators/immunosuppressants, may be important for assessing other relevant data elements, such as lab values. Therefore, as appropriate, the Working Group recommends documenting the time as well as the date when these specific medications are administered.	descriptive								

	717	tx_invasive	<div>Section Header: <i>Intensive Intervention (Treatment/Device)</i></div> <div>Invasive mechanical ventilation (e.g., endotracheal intubation, mechanical ventilation via tracheostomy)</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1</div>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	718	tx_invasive_start <div>Show the field ONLY if: [tx_invasive] = '1'</div>	<div>Date Invasive Treatment Started</div> <div><i>MM/DD/YYYY</i></div>	<div>text (date_mdy)</div> <div>Field Annotation: POP02 Case Report Form</div>								
	719	tx_invasive_ongoing <div>Show the field ONLY if: [tx_invasive] = '1'</div>	<div>Ongoing?</div>	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH</div> <div>Field Annotation: POP02 Case Report Form</div>	1	Yes	0	No				
1	Yes											
0	No											
	720	tx_invasive_stop <div>Show the field ONLY if: [tx_invasive_ongoing]='0'</div>	<div>Date Invasive Treatment Stopped</div> <div><i>MM/DD/YYYY</i></div>	<div>text (date_mdy)</div> <div>Field Annotation: POP02 Case Report Form</div>								
	721	tx_tracheostomy	<div>New tracheostomy</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1</div>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	722	tx_tracheostomy_start <div>Show the field ONLY if: [tx_tracheostomy] = '1'</div>	<div>Date Invasive Treatment Started</div> <div><i>MM/DD/YYYY</i></div>	<div>text (date_mdy)</div> <div>Field Annotation: POP02 Case Report Form</div>								
	723	tx_tracheostomy_ongoing <div>Show the field ONLY if: [tx_tracheostomy] = '1'</div>	<div>Ongoing?</div>	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH</div> <div>Field Annotation: POP02 Case Report Form</div>	1	Yes	0	No				
1	Yes											
0	No											
	724	tx_tracheostomy_stop <div>Show the field ONLY if: [tx_tracheostomy_ongoing]='0'</div>	<div>Date Invasive Treatment Stopped</div> <div><i>MM/DD/YYYY</i></div>	<div>text (date_mdy)</div> <div>Field Annotation: POP02 Case Report Form</div>								
	725	tx_noninvasive	<div>Noninvasive mechanical ventilation (e.g., CPAP, BiPAP, NIPPV)</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1</div>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											

	726	tx_noninvasive_start Show the field ONLY if: [tx_noninvasive] = '1'	Date Invasive Treatment Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	727	tx_noninvasive_ongoing Show the field ONLY if: [tx_noninvasive] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	728	tx_noninvasive_stop Show the field ONLY if: [tx_noninvasive_ongoing]='0'	Date Invasive Treatment Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	729	tx_ecmo	Extracorporeal membrane oxygenation (ECMO)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table> Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	730	tx_ecmo_start Show the field ONLY if: [tx_ecmo] = '1'	Date Invasive Treatment Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	731	tx_ecmo_ongoing Show the field ONLY if: [tx_ecmo] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	732	tx_ecmo_stop Show the field ONLY if: [tx_ecmo_ongoing]='0'	Date Invasive Treatment Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	733	tx_vasomed	Vasoactive medications	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table> Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	734	tx_vasomed_start Show the field ONLY if: [tx_vasomed] = '1'	Date Invasive Treatment Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								

	735	tx_vasomed_ongoing Show the field ONLY if: [tx_vasomed] = '1'	Ongoing?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH Field Annotation: POP02 Case Report Form</div>	1	Yes	0	No				
1	Yes											
0	No											
	736	tx_vasomed_stop Show the field ONLY if: [tx_vasomed_ongoing]='0'	Date Invasive Treatment Stopped <i>MM/DD/YYYY</i>	<div>text (date_mdy)</div> <div>Field Annotation: POP02 Case Report Form</div>								
	737	tx_artcath	Arterial catheter placement	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1</div>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	738	tx_artcath_start Show the field ONLY if: [tx_artcath] = '1'	Date Invasive Treatment Started <i>MM/DD/YYYY</i>	<div>text (date_mdy)</div> <div>Field Annotation: POP02 Case Report Form</div>								
	739	tx_artcath_ongoing Show the field ONLY if: [tx_artcath] = '1'	Ongoing?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH Field Annotation: POP02 Case Report Form</div>	1	Yes	0	No				
1	Yes											
0	No											
	740	tx_artcath_stop Show the field ONLY if: [tx_artcath_ongoing]='0'	Date Invasive Treatment Stopped <i>MM/DD/YYYY</i>	<div>text (date_mdy)</div> <div>Field Annotation: POP02 Case Report Form</div>								
	741	tx_cardioresus	Cardiopulmonary resuscitation with/without return of spontaneous circulation	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1</div>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	742	tx_cardioresus_start Show the field ONLY if: [tx_cardioresus] = '1'	Date Invasive Treatment Started <i>MM/DD/YYYY</i>	<div>text (date_mdy)</div> <div>Field Annotation: POP02 Case Report Form</div>								
	743	tx_cardioresus_ongoing Show the field ONLY if: [tx_cardioresus] = '1'	Ongoing?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH Field Annotation: POP02 Case Report Form</div>	1	Yes	0	No				
1	Yes											
0	No											

	744	tx_cardioresus_stop Show the field ONLY if: [tx_cardioresus_ongoing]='0'	Date Invasive Treatment Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	745	tx_ctrven	Central venous catheter placement	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table> Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	746	tx_ctrven_start Show the field ONLY if: [tx_ctrven] = '1'	Date Invasive Treatment Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	747	tx_ctrven_ongoing Show the field ONLY if: [tx_ctrven] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	748	tx_ctrven_stop Show the field ONLY if: [tx_ctrven_ongoing]='0'	Date Invasive Treatment Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	749	tx_lowoxy	Low flow oxygen therapy (e.g. nasal cannula, simple mask, face tent)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table> Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	750	tx_lowoxy_start Show the field ONLY if: [tx_lowoxy] = '1'	Date Invasive Treatment Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	751	tx_lowoxy_ongoing Show the field ONLY if: [tx_lowoxy] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	752	tx_lowoxy_stop Show the field ONLY if: [tx_lowoxy_ongoing]='0'	Date Invasive Treatment Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								

	753	tx_highoxy	High flow oxygen therapy	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1</div>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	754	tx_highoxy_start Show the field ONLY if: [tx_highoxy] = '1'	Date Invasive Treatment Started <i>MM/DD/YYYY</i>	<div>text (date_mdy)</div> <div>Field Annotation: POP02 Case Report Form</div>								
	755	tx_highoxy_ongoing Show the field ONLY if: [tx_highoxy] = '1'	Ongoing?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH</div> <div>Field Annotation: POP02 Case Report Form</div>	1	Yes	0	No				
1	Yes											
0	No											
	756	tx_highoxy_stop Show the field ONLY if: [tx_highoxy_ongoing]='0'	Date Invasive Treatment Stopped <i>MM/DD/YYYY</i>	<div>text (date_mdy)</div> <div>Field Annotation: POP02 Case Report Form</div>								
	757	tx_invasivethrom	Invasive management of thrombosis (e.g., surgical thrombectomy, endovascular thrombectomy, catheter-directed thrombolysis)	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1</div>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	758	tx_invasivethrom_start Show the field ONLY if: [tx_invasivethrom] = '1'	Date Invasive Treatment Started <i>MM/DD/YYYY</i>	<div>text (date_mdy)</div> <div>Field Annotation: POP02 Case Report Form</div>								
	759	tx_invasivethrom_ongoing Show the field ONLY if: [tx_invasivethrom] = '1'	Ongoing?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH</div> <div>Field Annotation: POP02 Case Report Form</div>	1	Yes	0	No				
1	Yes											
0	No											
	760	tx_invasivethrom_stop Show the field ONLY if: [tx_invasivethrom_ongoing]='0'	Date Invasive Treatment Stopped <i>MM/DD/YYYY</i>	<div>text (date_mdy)</div> <div>Field Annotation: POP02 Case Report Form</div>								
	761	tx_rrt	Renal replacement therapy (RRT)	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1</div>	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											

	762	tx_rrt_start Show the field ONLY if: [tx_rrt] = '1'	Date Invasive Treatment Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	763	tx_rrt_ongoing Show the field ONLY if: [tx_rrt] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	764	tx_rrt_stop Show the field ONLY if: [tx_rrt_ongoing]='0'	Date Invasive Treatment Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	765	tx_pacemaker	Pacemaker placement	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table> Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	766	tx_pacemaker_start Show the field ONLY if: [tx_pacemaker] = '1'	Date Invasive Treatment Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	767	tx_pacemaker_ongoing Show the field ONLY if: [tx_pacemaker] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	768	tx_pacemaker_stop Show the field ONLY if: [tx_pacemaker_ongoing]='0'	Date Invasive Treatment Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	769	tx_lvad	Left ventricular assist device (LVAD)	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table> Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	770	tx_lvad_start Show the field ONLY if: [tx_lvad] = '1'	Date Invasive Treatment Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								

	771	tx_lvad_ongoing Show the field ONLY if: [tx_lvad] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	772	tx_lvad_stop Show the field ONLY if: [tx_lvad_ongoing]='0'	Date Invasive Treatment Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	773	tx_inter_oth	Other intensive intervention	radio (Matrix) <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Not Reported</td></tr></table> Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1	1	Yes	0	No	98	Unknown	99	Not Reported
1	Yes											
0	No											
98	Unknown											
99	Not Reported											
	774	tx_inter_oth_spfy Show the field ONLY if: [tx_inter_oth]='1'	Specify other	text								
	775	tx_inter_oth_start Show the field ONLY if: [tx_inter_oth] = '1'	Date Invasive Treatment Started <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	776	tx_inter_oth_ongoing Show the field ONLY if: [tx_inter_oth] = '1'	Ongoing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: POP02 Case Report Form	1	Yes	0	No				
1	Yes											
0	No											
	777	tx_inter_oth_stop Show the field ONLY if: [tx_inter_oth_ongoing]='0'	Date Invasive Treatment Stopped <i>MM/DD/YYYY</i>	text (date_mdy) Field Annotation: POP02 Case Report Form								
	778	tx_resuscitate	Section Header: <i>Do Not Resuscitate/Limitation of Support</i> Was there a "Do Not Resuscitate" order or any other limitation of support?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Custom alignment: RH Field Annotation: Biomedical Pediatric WG	1	Yes	0	No	98	Unknown		
1	Yes											
0	No											
98	Unknown											
	779	treatment_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete											
1	Unverified											
2	Complete											

Instrument: **Outcomes** (outcomes)  Enabled as survey[^ Collapse](#) [Collapse](#)

	780	o_die	Section Header: <i>Patient Survival</i> Did the patient die?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> Field Annotation: St. Jude U.S. Registry COVID Case Report Form	1	Yes	0	No	98	Unknown								
1	Yes																	
0	No																	
98	Unknown																	
	781	o_die_covid Show the field ONLY if: [o_die]='1'	Was the death COVID-19 related (including MIS-C)?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>N/A or not reported</td></tr></table> Field Annotation: St. Jude U.S. Registry COVID Case Report Form	1	Yes	0	No	98	Unknown	97	N/A or not reported						
1	Yes																	
0	No																	
98	Unknown																	
97	N/A or not reported																	
	782	o_die_date Show the field ONLY if: [o_die]='1'	Date of Death	text (date_mdy)														
	783	o_discharge Show the field ONLY if: [o_die]<>'1'	If hospitalized for suspected or diagnosed COVID-19 and survived, to where was the participant discharged?	radio <table><tr><td>1</td><td>Home</td></tr><tr><td>2</td><td>Rehabilitation Facility/Nursing Facility</td></tr><tr><td>96</td><td>Other</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>N/A or not reported</td></tr></table> Field Annotation: PRISM Case Report Form Clinical Data Coordination Group (Project 5) CDE, Tier 1 Modified to add "Rehabilitation Facility / Nursing Facility"	1	Home	2	Rehabilitation Facility/Nursing Facility	96	Other	98	Unknown	97	N/A or not reported				
1	Home																	
2	Rehabilitation Facility/Nursing Facility																	
96	Other																	
98	Unknown																	
97	N/A or not reported																	
	784	o_discharge_spfy Show the field ONLY if: [o_discharge]='96'	Specify other	text														
	785	o_severity	What was the COVID-19 severity at time of maximum severity of illness?	radio <table><tr><td>1</td><td>Asymptomatic/presymptomatic infection</td></tr><tr><td>2</td><td>Mild illness</td></tr><tr><td>3</td><td>Moderate illness</td></tr><tr><td>4</td><td>Severe illness</td></tr><tr><td>5</td><td>Critical illness</td></tr><tr><td>98</td><td>Unknown</td></tr><tr><td>97</td><td>N/A or not reported</td></tr></table> Field Annotation: NIH Clinical Spectrum of SARS-CoV-2 Infection https://www.covid19treatmentguidelines.nih.gov/overview/clinical-spectrum/	1	Asymptomatic/presymptomatic infection	2	Mild illness	3	Moderate illness	4	Severe illness	5	Critical illness	98	Unknown	97	N/A or not reported
1	Asymptomatic/presymptomatic infection																	
2	Mild illness																	
3	Moderate illness																	
4	Severe illness																	
5	Critical illness																	
98	Unknown																	
97	N/A or not reported																	

	786	o_severitydef	NIH Severity Definitions: - Asymptomatic or Presymptomatic Infection: Individuals who test positive for SARS-CoV-2 using a virologic test (i.e., a nucleic acid amplification test [NAAT] or an antigen test) but who have no symptoms that are consistent with COVID-19. - Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhea, loss of taste and smell) but who do not have shortness of breath, dyspnea, or abnormal chest imaging. - Moderate Illness: Individuals who show evidence of lower respiratory disease during clinical assessment or imaging and who have an oxygen saturation (SpO2) ≥94% on room air at sea level. - Severe Illness: Individuals who have SpO2 < 94% on room air at sea level, a ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) < 300 mm Hg, or lung infiltrates >50%. - Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction. - In pediatric patients, radiographic abnormalities are common and, for the most part, should not be the only criteria used to determine the severity of illness. The normal values for respiratory rate also vary with age in children; thus, hypoxia should be the primary criterion used to define severe COVID-19, especially in younger children.	descriptive						
	787	outcomes_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									

Instrument: **Psychosocial Recommended Measures** (psychosocial_recommended_measures)

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788	psychosocialintro	<p>The following document includes the Psychosocial Pediatric Working Group's recommended instruments for collecting information on the Group's Tier 1 and Tier 2 recommended data elements, organized by Domain. Document Notes:- Navigation: You may use the Navigation Pane to efficiently navigate the document. To do so, click "View" on the top of the Word doc and check the box labeled "Navigation Pane" under "Show."- Endnotes: References are marked by endnotes; you may hover over or click on the endnote to display the reference, and modifications to the source if applicable.- Tiers: Tier 1 elements are marked in Blue, Tier 2 elements are marked in GreenCommon Data Elements (CDE) User Guidance:Unless specified as "Parent Self-Report", questions refer to the child study participant. Studies should choose between you/your child depending on if they are collecting information via child or parent/caregiver report. When information appears in brackets (such as [you/your child]), please choose the option relevant to the questionnaire."Parent Self-Report" - refers to parents answering about themselves."Parent Report About Child" - refers to parent answering about their child. Please note, sometimes the verbiage "this child" or "the child" is used rather than " your child" to maintain consistency with the language in the original measure."Child Self-Report" - refers to children answering about themselves.Child Self-Report measures are recommended for specific age groups based on the following:Validated: Recommendation is based on validation data, for example, PROMIS®, NIH Toolbox®, PhenX protocols validated in specified age ranges.Used in COVID-19 Questionnaires: Recommendation is based on use of the items in pediatric cohort studies, for example, the Adolescent Brain Cognitive Development Study SM (ABCD Study®), Adolescent Behaviors and Experiences Survey (ABES), Environmental influences on Child Health Outcomes (ECHO) COVID-19 Questionnaires.Modified*: For measures modified from adult questionnaires, this Working Group recommends implementing a 13+ age range. The Working Group has justified this approach using the Report of the ISPOR PRO good research practices for the assessment of children and adolescents task force; comparing the measures to existing measures asked of adolescents; and modifying questions to verify that the subject matter was appropriate for adolescents.These "modified" age groups will have an asterisk next to them to mark that they are NOT yet validated or specifically used in pediatric populations, but the Working Group has found the recommendation reasonable. Investigators may choose to consistently add " Prefer not to answer" or " Don't know" response choices to these questions. The Working Group has kept the question responses from the original source and has not added these answer choices uniformly. Participants have the right to refuse or skip any item. The superscript "t" indicates that the element is " COVID-19 specific" (either a change from before the pandemic or language specific to the pandemic).Unless specified, the units for specified age groups are in years.</p>	descriptive						
789	psychosocial_recommended_measures_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Social Determinants of Health** (social_determinants_of_health)  Enabled as survey

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[Collapse](#)

	790	se_education	<div>Section Header: <i>Highest Education Level/Degree (Parent) Parent Self-Report</i></div> <div>What is the highest grade or level of school you have completed or the highest degree you have received?</div>	<div>dropdown</div> <table><tr><td>1</td><td>8th grade or less</td></tr><tr><td>2</td><td>9th to 12th grade; no diploma</td></tr><tr><td>3</td><td>High school graduate or GED completed</td></tr><tr><td>4</td><td>Completed a vocational, trade, or business school program</td></tr><tr><td>5</td><td>Some college credit, but no degree</td></tr><tr><td>6</td><td>Associate Degree (AA, AS)</td></tr><tr><td>7</td><td>Bachelor's Degree (BA, BS, AB)</td></tr><tr><td>8</td><td>Master's Degree (MA, MS, MSW, MBA)</td></tr><tr><td>9</td><td>Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr><tr><td>98</td><td>Don't know</td></tr></table> <div>Field Annotation: PhenX: National Health and Nutrition Examination Survey (NHANES), Demographics Module, 2019-2020 https://wwwn.cdc.gov/nchs/nhanes/continuousnhanes/questionnaires.aspx?BeginYear=2019 National Survey of Children's Health, 2020 Questionnaire https://mchb.hrsa.gov/data/national-surveys/questionnaires-datasets-supporting-documents</div>	1	8th grade or less	2	9th to 12th grade; no diploma	3	High school graduate or GED completed	4	Completed a vocational, trade, or business school program	5	Some college credit, but no degree	6	Associate Degree (AA, AS)	7	Bachelor's Degree (BA, BS, AB)	8	Master's Degree (MA, MS, MSW, MBA)	9	Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)	99	Prefer not to answer	98	Don't know
1	8th grade or less																									
2	9th to 12th grade; no diploma																									
3	High school graduate or GED completed																									
4	Completed a vocational, trade, or business school program																									
5	Some college credit, but no degree																									
6	Associate Degree (AA, AS)																									
7	Bachelor's Degree (BA, BS, AB)																									
8	Master's Degree (MA, MS, MSW, MBA)																									
9	Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)																									
99	Prefer not to answer																									
98	Don't know																									
	791	se_2nd_caregiver	Does this child have another parent or adult caregiver who lives in this household?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH</div>	1	Yes	0	No																		
1	Yes																									
0	No																									
	792	se_2nd_caregiver_edu <div>Show the field ONLY if: [se_2nd_caregiver]='1'</div>	What is the highest grade or level of school this caregiver has completed?	<div>dropdown</div> <table><tr><td>1</td><td>8th grade or less</td></tr><tr><td>2</td><td>9th to 12th grade; no diploma</td></tr><tr><td>3</td><td>High school graduate or GED completed</td></tr><tr><td>4</td><td>Completed a vocational, trade, or business school program</td></tr><tr><td>5</td><td>Some college credit, but no degree</td></tr><tr><td>6</td><td>Associate Degree (AA, AS)</td></tr><tr><td>7</td><td>Bachelor's Degree (BA, BS, AB)</td></tr><tr><td>8</td><td>Master's Degree (MA, MS, MSW, MBA)</td></tr><tr><td>9</td><td>Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr><tr><td>98</td><td>Don't know</td></tr></table> <div>Field Annotation: PhenX: National Health and Nutrition Examination Survey (NHANES), Demographics Module, 2019-2020 https://wwwn.cdc.gov/nchs/nhanes/continuousnhanes/questionnaires.aspx?BeginYear=2019</div>	1	8th grade or less	2	9th to 12th grade; no diploma	3	High school graduate or GED completed	4	Completed a vocational, trade, or business school program	5	Some college credit, but no degree	6	Associate Degree (AA, AS)	7	Bachelor's Degree (BA, BS, AB)	8	Master's Degree (MA, MS, MSW, MBA)	9	Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)	99	Prefer not to answer	98	Don't know
1	8th grade or less																									
2	9th to 12th grade; no diploma																									
3	High school graduate or GED completed																									
4	Completed a vocational, trade, or business school program																									
5	Some college credit, but no degree																									
6	Associate Degree (AA, AS)																									
7	Bachelor's Degree (BA, BS, AB)																									
8	Master's Degree (MA, MS, MSW, MBA)																									
9	Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)																									
99	Prefer not to answer																									
98	Don't know																									

	793	se_oth_lang_home	<div>Section Header: <i>English Proficiency (Parent) Parent Self-Report</i></div> <div>Do you speak a language other than English at home?</div>	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> <div>Custom alignment: RH</div> <div>Field Annotation: P270201 California Health Interview Survey</div> <div>https://www.phenxtoolkit.org/protocols/view/270201?origin=search</div> <div>http://healthpolicy.ucla.edu/chis/design/Documents/2021%20Questionnaires%20and%20Data%20Collection%20Manual.pdf</div>	1	Yes	0	No	99	Prefer not to answer		
1	Yes											
0	No											
99	Prefer not to answer											
	794	se_oth_lang_desc <div>Show the field ONLY if: [se_oth_lang_home]='1'</div>	Since you speak a language other than English at home, we are interested in your own opinion of how well you speak English.	descriptive								
	795	se_english_profici <div>Show the field ONLY if: [se_oth_lang_home]='1'</div>	Would you say you speak English...	<div>radio</div> <table><tr><td>3</td><td>Very well</td></tr><tr><td>2</td><td>Well</td></tr><tr><td>1</td><td>Not well</td></tr><tr><td>0</td><td>Not at all</td></tr></table>	3	Very well	2	Well	1	Not well	0	Not at all
3	Very well											
2	Well											
1	Not well											
0	Not at all											
	796	se_household_num	<div>Section Header: <i>Number of Household Members Parent Self-Report or Child Self-Report (Ages 13+)*</i></div> <div>How many people live in your household now?</div> <div><i>Please enter a number</i></div>	<div>text (integer)</div> <div>Field Annotation: 2020 COVID-19 Household Pulse Survey</div> <div>https://www.census.gov/data/experimental-data-products/household-pulse-survey.html Rutgers LINK Impact of Social Determinants of Health on Contracting COVID *Age Group: Modified from Parent Using Best Practices Guidance</div>								
	797	se_adults_num	<div>Please indicate the number of adults living in your household</div> <div><i>Please enter a number</i></div>	<div>text (integer)</div> <div>Field Annotation: 2020 COVID-19 Household Pulse Survey</div> <div>https://www.census.gov/data/experimental-data-products/household-pulse-survey.html</div>								
	798	se_under18_num	<div>Please indicate the number of children (< 18 years old) living in your household</div> <div><i>Please enter a number</i></div>	<div>text (integer)</div> <div>Field Annotation: 2020 COVID-19 Household Pulse Survey</div> <div>https://www.census.gov/data/experimental-data-products/household-pulse-survey.html</div>								

	799	se_employment	<div>Section Header: <i>Employment Status (Parent) Parent Self-Report</i></div> <div>What is your current employment situation?</div>	<div>radio</div> <table><tr><td>1</td><td>Employed full-time</td></tr><tr><td>2</td><td>Employed part-time</td></tr><tr><td>3</td><td>Working without pay</td></tr><tr><td>4</td><td>Not employed, but looking for work</td></tr><tr><td>5</td><td>Not employed and not looking for work</td></tr><tr><td>6</td><td>Retired</td></tr><tr><td>7</td><td>Disabled, permanently or temporarily</td></tr><tr><td>8</td><td>Student</td></tr><tr><td>96</td><td>Other</td></tr><tr><td>98</td><td>Don't know</td></tr></table> <div>Field Annotation: https://www.phenxtoolkit.org/protocols/view/11301 PhenX: Panel Study of Income Dynamics (PSID), 2007 National Survey of Children's Health, 2020 Questionnaire Modified to be "mark all that apply," added from P11301 "retired", "disabled, permanently, or temporarily" and "student" https://mchb.hrsa.gov/data/national-surveys/questionnaires-datasets-supporting-documents https://www.phenxtoolkit.org/protocols/view/11301?origin=search</div>	1	Employed full-time	2	Employed part-time	3	Working without pay	4	Not employed, but looking for work	5	Not employed and not looking for work	6	Retired	7	Disabled, permanently or temporarily	8	Student	96	Other	98	Don't know
1	Employed full-time																							
2	Employed part-time																							
3	Working without pay																							
4	Not employed, but looking for work																							
5	Not employed and not looking for work																							
6	Retired																							
7	Disabled, permanently or temporarily																							
8	Student																							
96	Other																							
98	Don't know																							
	800	se_employment_sp <div>Show the field ONLY if: [se_employment]='96'</div>	Specify other	text																				
	801	se_2nd_caregiver_2	Does this child have another parent or adult caregiver who lives in this household?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH</div>	1	Yes	0	No																
1	Yes																							
0	No																							
	802	se_2nd_caregiver_employ <div>Show the field ONLY if: [se_2nd_caregiver_2]='1'</div>	Which of the following best describes this caregiver's current employment status?	<div>radio</div> <table><tr><td>1</td><td>Employed full-time</td></tr><tr><td>2</td><td>Employed part-time</td></tr><tr><td>3</td><td>Working without pay</td></tr><tr><td>4</td><td>Not employed, but looking for work</td></tr><tr><td>5</td><td>Not employed and not looking for work</td></tr><tr><td>6</td><td>Retired</td></tr><tr><td>7</td><td>Disabled, permanently or temporarily</td></tr><tr><td>8</td><td>Student</td></tr><tr><td>96</td><td>Other</td></tr><tr><td>98</td><td>Don't know</td></tr></table> <div>Field Annotation: https://www.phenxtoolkit.org/protocols/view/11301 PhenX: Panel Study of Income Dynamics (PSID), 2007</div>	1	Employed full-time	2	Employed part-time	3	Working without pay	4	Not employed, but looking for work	5	Not employed and not looking for work	6	Retired	7	Disabled, permanently or temporarily	8	Student	96	Other	98	Don't know
1	Employed full-time																							
2	Employed part-time																							
3	Working without pay																							
4	Not employed, but looking for work																							
5	Not employed and not looking for work																							
6	Retired																							
7	Disabled, permanently or temporarily																							
8	Student																							
96	Other																							
98	Don't know																							
	803	se_2nd_caregiver_employ_sp <div>Show the field ONLY if: [se_2nd_caregiver_employ]='96'</div>	Specify other	text																				

804	se_household_work_hlthcare	<div>Section Header: <i>Employment Risk for COVID-19 "Frontline Status" (Family) (Tier 2) Parent Self-Report</i></div> <div>Are you or is anyone in your household employed in healthcare and have direct patient contact?</div>	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1 https://loinc.org/sars-cov-2- and-covid-19/</div>	1	Yes	2	No	98	Unknown
1	Yes								
2	No								
98	Unknown								
805	se_household_work_frntline	<div>Are you or is anyone in your household a frontline or essential worker other than in healthcare (such as employed at a grocery store or factory)?</div>	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>98</td><td>Unknown</td></tr></table> <div>Custom alignment: RH</div> <div>Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1 https://loinc.org/sars-cov-2- and-covid-19/</div>	1	Yes	2	No	98	Unknown
1	Yes								
2	No								
98	Unknown								
806	se_covid_effect_income	<div>Section Header: <i>COVID 19 Effect on Work (Tier 2)</i></div> <div>Have you, or has anyone in your household, experienced a loss of employment income since the start of the COVID-19 pandemic (since March 2020)?</div>	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH</div> <div>Field Annotation: RADxUP CDE https://cde.nlm.nih.gov/deView?tinyId=ZwgnESEjK</div>	1	Yes	0	No		
1	Yes								
0	No								
807	se_self_desc	<div>Section Header: <i>Changes in Employment Situation</i></div> <div>Which of the following changes in employment have occurred due to the COVID-19 pandemic?</div>	<div>descriptive</div> <div>Field Annotation: https://www.nlm.nih.gov/dr2/COPE-Impact_Survey_Perinatal_Pandemic_Survey.pdf Coronavirus Perinatal Experiences-Impact Survey (COPE-IS) Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants Modified to add "furloughed" and add "less challenging than usual" to final question https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206</div>						
808	se_employ_embed	<div>Self Partner (1) Move to remote work, telework {se_self_remotework} {se_part_remotework} (2) Loss of hours {se_self_losshrs} {se_part_losshrs} (3) Decreased pay {se_self_dec_pay} {se_part_dec_pay} (4) Furloughed {se_self_furlough} {se_part_furlough} (5) Loss of job {se_self_lossjob} {se_part_lossjob} (6) Decreased job security {se_self_decjob_security} {se_part_decjob_security} (7) Disruptions due to childcare challenges {se_self_childcare_chall} {se_part_childcare_chall} (8) Increased hours {se_self_increasehrs} {se_part_increasehrs} (9) Another change (specify) {se_self_oth_change} {se_part_oth_change}</div>	<div>descriptive</div>						
809	se_self_remotework	<div>(1) Move to remote work, telework</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>97</td><td>Not Applicable</td></tr></table>	1	Yes	0	No	97	Not Applicable
1	Yes								
0	No								
97	Not Applicable								
810	se_self_losshrs	<div>(2) Loss of hours</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>97</td><td>Not Applicable</td></tr></table>	1	Yes	0	No	97	Not Applicable
1	Yes								
0	No								
97	Not Applicable								

811	se_self_dec_pay	(3) Decreased pay	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>97</td><td>Not Applicable</td></tr> </table>	1	Yes	0	No	97	Not Applicable
1	Yes								
0	No								
97	Not Applicable								
812	se_self_furlough	(4) Furloughed	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>97</td><td>Not Applicable</td></tr> </table>	1	Yes	0	No	97	Not Applicable
1	Yes								
0	No								
97	Not Applicable								
813	se_self_lossjob	(5) Loss of job	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>97</td><td>Not Applicable</td></tr> </table>	1	Yes	0	No	97	Not Applicable
1	Yes								
0	No								
97	Not Applicable								
814	se_self_decjob_security	(6) Decreased job security	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>97</td><td>Not Applicable</td></tr> </table>	1	Yes	0	No	97	Not Applicable
1	Yes								
0	No								
97	Not Applicable								
815	se_self_childcare_chall	(7) Disruptions due to childcare challenges	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>97</td><td>Not Applicable</td></tr> </table>	1	Yes	0	No	97	Not Applicable
1	Yes								
0	No								
97	Not Applicable								
816	se_self_increasehrs	(8) Increased hours	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>97</td><td>Not Applicable</td></tr> </table>	1	Yes	0	No	97	Not Applicable
1	Yes								
0	No								
97	Not Applicable								
817	se_self_oth_change	(9) Another change	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>97</td><td>Not Applicable</td></tr> </table>	1	Yes	0	No	97	Not Applicable
1	Yes								
0	No								
97	Not Applicable								
818	se_part_remotework	(1) Move to remote work, telework	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>97</td><td>Not Applicable</td></tr> </table>	1	Yes	0	No	97	Not Applicable
1	Yes								
0	No								
97	Not Applicable								
819	se_part_losshrs	(2) Loss of hours	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>97</td><td>Not Applicable</td></tr> </table>	1	Yes	0	No	97	Not Applicable
1	Yes								
0	No								
97	Not Applicable								
820	se_part_dec_pay	(3) Decreased pay	radio (Matrix) <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>97</td><td>Not Applicable</td></tr> </table>	1	Yes	0	No	97	Not Applicable
1	Yes								
0	No								
97	Not Applicable								

	821	se_part_furlough	(4) Furloughed	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>97</td><td>Not Applicable</td></tr></table>	radio (Matrix)		1	Yes	0	No	97	Not Applicable
radio (Matrix)												
1	Yes											
0	No											
97	Not Applicable											
	822	se_part_lossjob	(5) Loss of job	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>97</td><td>Not Applicable</td></tr></table>	radio (Matrix)		1	Yes	0	No	97	Not Applicable
radio (Matrix)												
1	Yes											
0	No											
97	Not Applicable											
	823	se_part_decjob_security	(6) Decreased job security	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>97</td><td>Not Applicable</td></tr></table>	radio (Matrix)		1	Yes	0	No	97	Not Applicable
radio (Matrix)												
1	Yes											
0	No											
97	Not Applicable											
	824	se_part_childcare_chall	(7) Disruptions due to childcare challenges	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>97</td><td>Not Applicable</td></tr></table>	radio (Matrix)		1	Yes	0	No	97	Not Applicable
radio (Matrix)												
1	Yes											
0	No											
97	Not Applicable											
	825	se_part_increasehrs	(8) Increased hours	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>97</td><td>Not Applicable</td></tr></table>	radio (Matrix)		1	Yes	0	No	97	Not Applicable
radio (Matrix)												
1	Yes											
0	No											
97	Not Applicable											
	826	se_part_oth_change	(9) Another change	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>97</td><td>Not Applicable</td></tr></table>	radio (Matrix)		1	Yes	0	No	97	Not Applicable
radio (Matrix)												
1	Yes											
0	No											
97	Not Applicable											
	827	se_money_food	<div>Section Header: Financial Strain (Family) (Tier 2) Parent Self-Report How difficult is/was it to meet each of the following needs for you and/or your family during the COVID-19 pandemic (since March 2020)?</div> <div>Have enough money for food</div>	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>Not Difficult</td></tr><tr><td>1</td><td>Somewhat Difficult</td></tr><tr><td>3</td><td>Very Difficult</td></tr></table> <div>Field Annotation: Stanford COVID-19 Community Outcomes (COCO) Survey https://drive.google.com/file/d/1zHnqLG-l8Htl6SdhyFxujzP_qYRFPgKi/view Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants Modified to specify "financial strain" in first question https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206</div>	radio (Matrix)		0	Not Difficult	1	Somewhat Difficult	3	Very Difficult
radio (Matrix)												
0	Not Difficult											
1	Somewhat Difficult											
3	Very Difficult											
	828	se_money_utilities	Have enough money to pay for electricity or heating or water	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>0</td><td>Not Difficult</td></tr><tr><td>1</td><td>Somewhat Difficult</td></tr><tr><td>3</td><td>Very Difficult</td></tr></table> <div>Field Annotation: Stanford COVID-19 Community Outcomes (COCO) Survey https://drive.google.com/file/d/1zHnqLG-l8Htl6SdhyFxujzP_qYRFPgKi/view Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants Modified to specify "financial strain" in first question https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 https://drive.google.com/file/d/1zHnqLG-l8Htl6SdhyFxujzP_qYRFPgKi/view</div>	radio (Matrix)		0	Not Difficult	1	Somewhat Difficult	3	Very Difficult
radio (Matrix)												
0	Not Difficult											
1	Somewhat Difficult											
3	Very Difficult											

	829	se_money_housing	Have enough money to pay for housing	<div>radio (Matrix)</div> <table><tr><td>0</td><td>Not Difficult</td></tr><tr><td>1</td><td>Somewhat Difficult</td></tr><tr><td>3</td><td>Very Difficult</td></tr></table> <div>Field Annotation: Stanford COVID-19 Community Outcomes (COCO) Survey https://drive.google.com/file/d/1zHnqLG-l8Htl6SdhyFxujzP_qYRFPgKi/view Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants Modified to specify "financial strain" in first question https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 https://drive.google.com/file/d/1zHnqLG-l8Htl6SdhyFxujzP_qYRFPgKi/view</div>	0	Not Difficult	1	Somewhat Difficult	3	Very Difficult
0	Not Difficult									
1	Somewhat Difficult									
3	Very Difficult									
	830	se_community_help	Get help from community organizations that I trust	<div>radio (Matrix)</div> <table><tr><td>0</td><td>Not Difficult</td></tr><tr><td>1</td><td>Somewhat Difficult</td></tr><tr><td>3</td><td>Very Difficult</td></tr></table> <div>Field Annotation: Stanford COVID-19 Community Outcomes (COCO) Survey https://drive.google.com/file/d/1zHnqLG-l8Htl6SdhyFxujzP_qYRFPgKi/view Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants Modified to specify "financial strain" in first question https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 https://drive.google.com/file/d/1zHnqLG-l8Htl6SdhyFxujzP_qYRFPgKi/view</div>	0	Not Difficult	1	Somewhat Difficult	3	Very Difficult
0	Not Difficult									
1	Somewhat Difficult									
3	Very Difficult									
	831	se_family_help	Get help from family members and friends	<div>radio (Matrix)</div> <table><tr><td>0</td><td>Not Difficult</td></tr><tr><td>1</td><td>Somewhat Difficult</td></tr><tr><td>3</td><td>Very Difficult</td></tr></table> <div>Field Annotation: Stanford COVID-19 Community Outcomes (COCO) Survey https://drive.google.com/file/d/1zHnqLG-l8Htl6SdhyFxujzP_qYRFPgKi/view Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants Modified to specify "financial strain" in first question https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 https://drive.google.com/file/d/1zHnqLG-l8Htl6SdhyFxujzP_qYRFPgKi/view</div>	0	Not Difficult	1	Somewhat Difficult	3	Very Difficult
0	Not Difficult									
1	Somewhat Difficult									
3	Very Difficult									
	832	se_healthcare	See a healthcare provider if you or your family needs it	<div>radio (Matrix)</div> <table><tr><td>0</td><td>Not Difficult</td></tr><tr><td>1</td><td>Somewhat Difficult</td></tr><tr><td>3</td><td>Very Difficult</td></tr></table> <div>Field Annotation: Stanford COVID-19 Community Outcomes (COCO) Survey https://drive.google.com/file/d/1zHnqLG-l8Htl6SdhyFxujzP_qYRFPgKi/view Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants Modified to specify "financial strain" in first question https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 https://drive.google.com/file/d/1zHnqLG-l8Htl6SdhyFxujzP_qYRFPgKi/view</div>	0	Not Difficult	1	Somewhat Difficult	3	Very Difficult
0	Not Difficult									
1	Somewhat Difficult									
3	Very Difficult									


	833	se_routine_meds	Get routine / essential medications	<div>radio (Matrix)</div> <table><tr><td>0</td><td>Not Difficult</td></tr><tr><td>1</td><td>Somewhat Difficult</td></tr><tr><td>3</td><td>Very Difficult</td></tr></table> <div>Field Annotation: Stanford COVID-19 Community Outcomes (COCO) Survey https://drive.google.com/file/d/1zHnqLG-I8Htl6SdhyFxujzP_qYRFPgKi/view Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants Modified to specify "financial strain" in first question https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 https://drive.google.com/file/d/1zHnqLG-I8Htl6SdhyFxujzP_qYRFPgKi/view</div>	0	Not Difficult	1	Somewhat Difficult	3	Very Difficult				
0	Not Difficult													
1	Somewhat Difficult													
3	Very Difficult													
	834	se_transportation	Get transportation when I need it	<div>radio (Matrix)</div> <table><tr><td>0</td><td>Not Difficult</td></tr><tr><td>1</td><td>Somewhat Difficult</td></tr><tr><td>3</td><td>Very Difficult</td></tr></table> <div>Field Annotation: Stanford COVID-19 Community Outcomes (COCO) Survey https://drive.google.com/file/d/1zHnqLG-I8Htl6SdhyFxujzP_qYRFPgKi/view Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants Modified to specify "financial strain" in first question https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 https://drive.google.com/file/d/1zHnqLG-I8Htl6SdhyFxujzP_qYRFPgKi/view</div>	0	Not Difficult	1	Somewhat Difficult	3	Very Difficult				
0	Not Difficult													
1	Somewhat Difficult													
3	Very Difficult													
	835	se_internet	Use the internet for things like work, school, medical visits, socializing	<div>radio (Matrix)</div> <table><tr><td>0</td><td>Not Difficult</td></tr><tr><td>1</td><td>Somewhat Difficult</td></tr><tr><td>3</td><td>Very Difficult</td></tr></table> <div>Field Annotation: Stanford COVID-19 Community Outcomes (COCO) Survey https://drive.google.com/file/d/1zHnqLG-I8Htl6SdhyFxujzP_qYRFPgKi/view Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants Modified to specify "financial strain" in first question https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206 https://drive.google.com/file/d/1zHnqLG-I8Htl6SdhyFxujzP_qYRFPgKi/view</div>	0	Not Difficult	1	Somewhat Difficult	3	Very Difficult				
0	Not Difficult													
1	Somewhat Difficult													
3	Very Difficult													
	836	se_3month_challenging	<div>Section Header:</div> <div>Thinking about the future, over the next 3 months, because of coronavirus, how challenging will it be to make ends meet?</div>	<div>radio</div> <table><tr><td>3</td><td>A lot more challenging than usual</td></tr><tr><td>2</td><td>A little more challenging than usual</td></tr><tr><td>1</td><td>No more challenging than usual</td></tr><tr><td>0</td><td>Less challenging than usual</td></tr><tr><td>98</td><td>Don't know</td></tr></table> <div>Field Annotation: Pittsburgh Hill / Homewood Research on Neighborhood Change and Health (PHRESH) https://drive.google.com/file/d/1q9DOJGNT7oe_KGMUXFCi73vlu57W3D3O/view</div>	3	A lot more challenging than usual	2	A little more challenging than usual	1	No more challenging than usual	0	Less challenging than usual	98	Don't know
3	A lot more challenging than usual													
2	A little more challenging than usual													
1	No more challenging than usual													
0	Less challenging than usual													
98	Don't know													
	837	se_desc	<div>Section Header: <i>Housing Instability (Family) Parent Self-Report</i></div> <div>Have any of the following occurred during the COVID-19 pandemic (since March 2020)?</div>	<div>descriptive</div> <div>Field Annotation: https://www.nlm.nih.gov/dr2/MACS-WIHS_questionnaire_BLCOVID-040620.pdf MACS-WIHS Baseline COVID-19 Abbreviated Questionnaire Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants MACS-WIHS Baseline COVID-19 Abbreviated Questionnaire https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206</div>										

	838	se_relocation	Relocation or moving from where you lived before the pandemic (e.g., downsizing, moving in with family, etc.)	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No				
1	Yes											
0	No											
	839	se_possible_eviction	Faced possible eviction since March 2020	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No				
1	Yes											
0	No											
	840	se_becoming_homeless	Loss of your housing, or becoming homeless since March 2020	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No				
1	Yes											
0	No											
	841	se_food_didntlast	<p>Section Header: <i>Food Insecurity (Family) Parent Self-Report The following are several statements that people have made about their food situation. Please tell me whether the statement was "often", "sometimes", or "never" true for you and for other members of your household in the last 12 months, since [date 12 months ago]</i></p> <p>1. The food that we bought just didn't last, and we didn't have money to get more.</p>	radio (Matrix) <table><tr><td>2</td><td>Often true</td></tr><tr><td>1</td><td>Sometimes true</td></tr><tr><td>0</td><td>Never true</td></tr><tr><td>98</td><td>Don't know</td></tr></table> Field Annotation: https://www.phenxtoolkit.org/protocols/view/270301#tabsource PhenX: 6 item standard measure from USDA Economic Research Service	2	Often true	1	Sometimes true	0	Never true	98	Don't know
2	Often true											
1	Sometimes true											
0	Never true											
98	Don't know											
	842	se_food_balancedmeals	2. We couldn't afford to eat balanced meals.	radio (Matrix) <table><tr><td>2</td><td>Often true</td></tr><tr><td>1</td><td>Sometimes true</td></tr><tr><td>0</td><td>Never true</td></tr><tr><td>98</td><td>Don't know</td></tr></table>	2	Often true	1	Sometimes true	0	Never true	98	Don't know
2	Often true											
1	Sometimes true											
0	Never true											
98	Don't know											
	843	se_food_cutmeal	3. In the last 12 months, since (date 12 months ago) did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?	radio <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr></table> Custom alignment: RH	1	Yes	0	No	98	Don't know		
1	Yes											
0	No											
98	Don't know											
	844	se_optscreen	Optional Screener: If any of the first 3 questions are answered affirmatively (i.e., if either Q1 or Q2 are "often true" or "sometimes true" or Q3 is "yes"), proceed to the next question. Otherwise, skip to question 5.	descriptive Field Annotation: @HIDDENSURVEY								
	845	se_food_cutmeal_freq Show the field ONLY if: [se_food_didntlast] = '2' or [se_food_didntlast] = '1' or [se_food_balancedmeals] = '2' or [se_food_balancedmeals] = '1' or [se_food_cutmeal] = '1'	3a. How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?	radio <table><tr><td>1</td><td>Almost every month</td></tr><tr><td>2</td><td>Some months but not every month</td></tr><tr><td>3</td><td>Only 1 or 2 months</td></tr><tr><td>4</td><td>Don't know</td></tr></table>	1	Almost every month	2	Some months but not every month	3	Only 1 or 2 months	4	Don't know
1	Almost every month											
2	Some months but not every month											
3	Only 1 or 2 months											
4	Don't know											

846	se_food_lessfood Show the field ONLY if: [se_food_cutmeal]='1'	4. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> </table> Custom alignment: RH	1	Yes	0	No	98	Don't know															
1	Yes																							
0	No																							
98	Don't know																							
847	se_food_hungry Show the field ONLY if: [se_food_cutmeal] <> "	5. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> </table> Custom alignment: RH	1	Yes	0	No	98	Don't know															
1	Yes																							
0	No																							
98	Don't know																							
848	se_food_enough_why Show the field ONLY if: [se_food_cutmeal] <> "	6. In the last 12 months, if you didn't have enough to eat or what you wanted to eat, why was that? Choose all that apply. <i>select all that apply</i>	checkbox <table border="1"> <tr> <td>1</td> <td>se_food_enough_why__1</td> <td>Couldn't get out to buy food (for example, didn't have transportation, or had mobility or health problems that prevented you from getting out)</td> </tr> <tr> <td>2</td> <td>se_food_enough_why__2</td> <td>Didn't want to go out to buy food</td> </tr> <tr> <td>3</td> <td>se_food_enough_why__3</td> <td>Afraid to go out because of the chance of contracting COVID-19</td> </tr> <tr> <td>4</td> <td>se_food_enough_why__4</td> <td>Couldn't get groceries or meals delivered to me</td> </tr> <tr> <td>5</td> <td>se_food_enough_why__5</td> <td>The stores didn't have the food I wanted</td> </tr> <tr> <td>96</td> <td>se_food_enough_why__96</td> <td>Other(specify)</td> </tr> <tr> <td>0</td> <td>se_food_enough_why__0</td> <td>I always had enough to eat and what I wanted to eat</td> </tr> </table> Custom alignment: LV Field Annotation: Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206@NONEOFTHEABOVE='0'	1	se_food_enough_why__1	Couldn't get out to buy food (for example, didn't have transportation, or had mobility or health problems that prevented you from getting out)	2	se_food_enough_why__2	Didn't want to go out to buy food	3	se_food_enough_why__3	Afraid to go out because of the chance of contracting COVID-19	4	se_food_enough_why__4	Couldn't get groceries or meals delivered to me	5	se_food_enough_why__5	The stores didn't have the food I wanted	96	se_food_enough_why__96	Other(specify)	0	se_food_enough_why__0	I always had enough to eat and what I wanted to eat
1	se_food_enough_why__1	Couldn't get out to buy food (for example, didn't have transportation, or had mobility or health problems that prevented you from getting out)																						
2	se_food_enough_why__2	Didn't want to go out to buy food																						
3	se_food_enough_why__3	Afraid to go out because of the chance of contracting COVID-19																						
4	se_food_enough_why__4	Couldn't get groceries or meals delivered to me																						
5	se_food_enough_why__5	The stores didn't have the food I wanted																						
96	se_food_enough_why__96	Other(specify)																						
0	se_food_enough_why__0	I always had enough to eat and what I wanted to eat																						
849	se_food_enough_why_sp Show the field ONLY if: [se_food_enough_why(96)]= '1'	Specify other	text																					
850	se_schoollunch_precovid	Section Header: <i>Breakfast/Lunch from School (Tier 2) Parent Report About Child</i> Did your child get breakfast and/or lunch from the school in the 2019-2020 school year before the COVID-19 pandemic?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't Know</td></tr> </table> Custom alignment: RH Field Annotation: ABCD COVID-19 Impact Parent Report Modified second question responses from Y/N to Y (frequency)/N https://www.nlm.nih.gov/dr2/ABCD_COVID-19_Impact_Measure-Parent.pdf	1	Yes	0	No	98	Don't Know															
1	Yes																							
0	No																							
98	Don't Know																							

	851	se_schoollunch_covid Show the field ONLY if: [se_schoollunch_precovid]='1'	If yes, did the school continue to provide breakfast and/or lunch during the COVID-19 pandemic (since March 2020)?	<table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes, less frequently</td></tr><tr><td>2</td><td>Yes, same frequency</td></tr><tr><td>3</td><td>Yes, more frequently</td></tr></table> Field Annotation: ABCD COVID-19 Impact Parent Report Modified second question responses from Y/N to Y (frequency)/N https://www.nlm.nih.gov/dr2/ABCD_COVID-19_Impact_Measure-Parent.pdf	0	No	1	Yes, less frequently	2	Yes, same frequency	3	Yes, more frequently																
0	No																											
1	Yes, less frequently																											
2	Yes, same frequency																											
3	Yes, more frequently																											
	852	se_income	Section Header: <i>Household Income Parent Self-Report</i> Thinking about members of your family living in this household, what is your combined annual income, meaning the total pre-tax income from all sources earned in the past year?	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>\$0 to \$9,999</td></tr><tr><td>2</td><td>\$10,000 to \$14,999</td></tr><tr><td>3</td><td>\$15,000 to \$19,999</td></tr><tr><td>4</td><td>\$20,000 to \$34,999</td></tr><tr><td>5</td><td>\$35,000 to \$49,999</td></tr><tr><td>6</td><td>\$50,000 to \$74,999</td></tr><tr><td>7</td><td>\$75,000 to \$99,999</td></tr><tr><td>8</td><td>\$100,000 to \$199,999</td></tr><tr><td>9</td><td>\$200,000 or more</td></tr><tr><td>98</td><td>Don't Know/Not sure</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: Columbia COVID-19 Questionnaire http://www.columbiamedicine.org/divisions/kiryluk/study_covid19.php Recommendations for CDEs for COVID-19 Studies Including Pregnant Participants Columbia COVID-19 Questionnaire https://tools.niehs.nih.gov/dr2/index.cfm/resource/24206	radio		1	\$0 to \$9,999	2	\$10,000 to \$14,999	3	\$15,000 to \$19,999	4	\$20,000 to \$34,999	5	\$35,000 to \$49,999	6	\$50,000 to \$74,999	7	\$75,000 to \$99,999	8	\$100,000 to \$199,999	9	\$200,000 or more	98	Don't Know/Not sure	99	Prefer not to answer
radio																												
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4	\$20,000 to \$34,999																											
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8	\$100,000 to \$199,999																											
9	\$200,000 or more																											
98	Don't Know/Not sure																											
99	Prefer not to answer																											
	853	se_life_treatbad_race	Section Header: <i>Racial/Ethnic Discrimination Child Self-Report (Ages 13+)</i> During your life, how often have you felt that you were treated badly or unfairly because of your race or ethnicity?	<table><tr><td colspan="2">radio</td></tr><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Rarely</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Most of the time</td></tr></table> Field Annotation: ABES Modified to remove "in school" Age group: Used in COVID-19 Questionnaire	radio		0	Never	1	Rarely	2	Sometimes	3	Most of the time														
radio																												
0	Never																											
1	Rarely																											
2	Sometimes																											
3	Most of the time																											
	854	se_covid_treatbad_race	Since the start of the pandemic (since March 2020), have you felt that you were treated badly or unfairly because of your race or ethnicity?	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>Same amount</td></tr><tr><td>3</td><td>More</td></tr><tr><td>97</td><td>Not applicable (N/A)</td></tr></table> Field Annotation: Added by Working Group	radio		1	Less	2	Same amount	3	More	97	Not applicable (N/A)														
radio																												
1	Less																											
2	Same amount																											
3	More																											
97	Not applicable (N/A)																											
	855	se_covid_race_desc	Section Header: <i>Coronavirus Racial/Ethnic Bias (Tier 2) Child Self-Report (Ages 15+)</i> Please answer the following questions on your beliefs about how the coronavirus is affecting people of your race/ethnicity	descriptive Field Annotation: Tao, X. (2021). Social Media Use, Online Racial Discrimination, and Mental Health Risks Among Adolescents of Color. Fordham University Age group: Used in COVID-19 Questionnaire https://www.phenxtoolkit.org/protocols/view/970201?origin=search																								

	856	se_covid_race_danger	I believe the country has become more dangerous for people in my racial/ethnic group because of fear of the coronavirus.	radio (Matrix) 1 Strongly disagree 2 Somewhat disagree 3 Somewhat agree 4 Strongly agree
	857	se_covid_race_losejob	People of my race/ethnicity are more likely to lose their job because of the coronavirus.	radio (Matrix) 1 Strongly disagree 2 Somewhat disagree 3 Somewhat agree 4 Strongly agree
	858	se_covid_race_worry	I worry about people thinking I have the coronavirus simply because of my race/ethnicity.	radio (Matrix) 1 Strongly disagree 2 Somewhat disagree 3 Somewhat agree 4 Strongly agree
	859	se_covid_race_socialmedia	Most social and mass media reports about the coronavirus create bias against people of my racial/ethnic group.	radio (Matrix) 1 Strongly disagree 2 Somewhat disagree 3 Somewhat agree 4 Strongly agree
	860	se_covid_race_getvirus	People of my race/ethnicity are more likely to get the coronavirus.	radio (Matrix) 1 Strongly disagree 2 Somewhat disagree 3 Somewhat agree 4 Strongly agree
	861	se_covid_race_beencyber	Due to the coronavirus, I have been cyberbullied because of my race/ethnicity.	radio (Matrix) 1 Strongly disagree 2 Somewhat disagree 3 Somewhat agree 4 Strongly agree
	862	se_covid_race_seencyber	Since the coronavirus, I have seen a lot more cyberbullying of people of my race/ethnicity.	radio (Matrix) 1 Strongly disagree 2 Somewhat disagree 3 Somewhat agree 4 Strongly agree
	863	se_covid_race_negsocialmed	Negative social media posts against people of my race/ethnicity have increased because of the coronavirus.	radio (Matrix) 1 Strongly disagree 2 Somewhat disagree 3 Somewhat agree 4 Strongly agree

864	social_determinants_of_health_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																								
0	Incomplete																																
1	Unverified																																
2	Complete																																
Instrument: Educational Factors (educational_factors)  Enabled as survey ^ Collapse Collapse																																	
865	edu_par_currgrade	Section Header: <i>Grade Level (School-age Child) Parent Report About Child</i> What is this child's current grade, grade equivalent, or year of school? If this child is not assigned a specific grade or is homeschooled, mark the grade level of the curriculum the child receives. If between school years, mark the last grade level attended	radio <table border="1"> <tr><td>0</td><td>Child has not yet started kindergarten</td></tr> <tr><td>13</td><td>Full-day kindergarten</td></tr> <tr><td>14</td><td>Partial-day kindergarten</td></tr> <tr><td>1</td><td>1st grade</td></tr> <tr><td>2</td><td>2nd grade</td></tr> <tr><td>3</td><td>3rd grade</td></tr> <tr><td>4</td><td>4th grade</td></tr> <tr><td>5</td><td>5th grade</td></tr> <tr><td>6</td><td>6th grade</td></tr> <tr><td>7</td><td>7th grade</td></tr> <tr><td>8</td><td>8th grade</td></tr> <tr><td>9</td><td>9th grade</td></tr> <tr><td>10</td><td>10th grade</td></tr> <tr><td>11</td><td>11th grade</td></tr> <tr><td>12</td><td>12th grade</td></tr> </table> <p>Custom alignment: LV Field Annotation: National Household Education Survey, 2019 https://nces.ed.gov/nhes/pdf/pfi/2019_pfi.pdf</p>	0	Child has not yet started kindergarten	13	Full-day kindergarten	14	Partial-day kindergarten	1	1st grade	2	2nd grade	3	3rd grade	4	4th grade	5	5th grade	6	6th grade	7	7th grade	8	8th grade	9	9th grade	10	10th grade	11	11th grade	12	12th grade
0	Child has not yet started kindergarten																																
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8	8th grade																																
9	9th grade																																
10	10th grade																																
11	11th grade																																
12	12th grade																																
866	edu_ch_currgrade	Section Header: <i>Child Self-Report (Ages 12+)</i> Think about the school you [currently/last] [attend/attended]. What grade [are/were] you in?	radio <table border="1"> <tr><td>4</td><td>4th grade</td></tr> <tr><td>5</td><td>5th grade</td></tr> <tr><td>6</td><td>6th grade</td></tr> <tr><td>7</td><td>7th grade</td></tr> <tr><td>8</td><td>8th grade</td></tr> <tr><td>9</td><td>9th grade</td></tr> <tr><td>10</td><td>10th grade</td></tr> <tr><td>11</td><td>11th grade</td></tr> <tr><td>12</td><td>12th grade</td></tr> </table> <p>Custom alignment: LV Field Annotation: CTC 2010 Youth Survey General School Environment Age group: Validated https://www.phenxtoolkit.org/toolkit_content/PDF/PX540501.pdf</p>	4	4th grade	5	5th grade	6	6th grade	7	7th grade	8	8th grade	9	9th grade	10	10th grade	11	11th grade	12	12th grade												
4	4th grade																																
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8	8th grade																																
9	9th grade																																
10	10th grade																																
11	11th grade																																
12	12th grade																																

	867	edu_par_schooltype	<div>Section Header: <i>Current School Type Parent Report About Child</i></div> <div>Is your child's current school a...</div>	<div>radio</div> <table><tr><td>1</td><td>A public school, including charter school or magnet school</td></tr><tr><td>2</td><td>A private school, including private religious schools</td></tr><tr><td>3</td><td>Bureau of Indian Affairs (BIA) or tribal school</td></tr><tr><td>4</td><td>Early Childhood Center (school/center includes preschool and/or early elementary grades)</td></tr><tr><td>5</td><td>Special Education school - primarily serves children with disabilities</td></tr><tr><td>6</td><td>College, community college, or university</td></tr><tr><td>7</td><td>Homeschool, including co-ops</td></tr><tr><td>8</td><td>Full-time cyber school</td></tr></table> <div>Custom alignment: LV Field Annotation: National Household Education Survey, 2019 https://nces.ed.gov/nhes/pdf/pfi/2019_pfi.pdf Modified to remove reference to "in a physical building" and add "Bureau of Indian Affairs or tribal school", "Early Childhood Center" and "Special Education school" *Age group: Modified from Parent Report Using Best Practices Guidance</div>	1	A public school, including charter school or magnet school	2	A private school, including private religious schools	3	Bureau of Indian Affairs (BIA) or tribal school	4	Early Childhood Center (school/center includes preschool and/or early elementary grades)	5	Special Education school - primarily serves children with disabilities	6	College, community college, or university	7	Homeschool, including co-ops	8	Full-time cyber school
1	A public school, including charter school or magnet school																			
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	868	edu_ch_schooltype	<div>Section Header: <i>Child Self-Report (Ages 13+)*</i></div> <div>Is your current school a...</div>	<div>radio</div> <table><tr><td>1</td><td>A public school, including charter school or magnet school</td></tr><tr><td>2</td><td>A private school, including private religious schools</td></tr><tr><td>3</td><td>Bureau of Indian Affairs (BIA) or tribal school</td></tr><tr><td>4</td><td>Early Childhood Center (school/center includes preschool and/or early elementary grades)</td></tr><tr><td>5</td><td>Special Education school - primarily serves children with disabilities</td></tr><tr><td>6</td><td>College, community college, or university</td></tr><tr><td>7</td><td>Homeschool, including co-ops</td></tr><tr><td>8</td><td>Full-time cyber school</td></tr></table> <div>Custom alignment: LV</div>	1	A public school, including charter school or magnet school	2	A private school, including private religious schools	3	Bureau of Indian Affairs (BIA) or tribal school	4	Early Childhood Center (school/center includes preschool and/or early elementary grades)	5	Special Education school - primarily serves children with disabilities	6	College, community college, or university	7	Homeschool, including co-ops	8	Full-time cyber school
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7	Homeschool, including co-ops																			
8	Full-time cyber school																			
	869	edu_domaindescript	Note: for the remaining elements in this Domain, the questions are primarily for grades K-12:	descriptive																
	870	edu_iep	<div>Section Header: <i>Accommodations for Learning Difference Parent Report About Child</i></div> <div>Does your child have an Individualized Education Plan (IEP) or 504 plan?</div>	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr></table> <div>Custom alignment: RH Field Annotation: ABCD COVID-19 Impact Parent Report https://www.nlm.nih.gov/dr2/ABCD_COVID-19_Impact_Measure-Parent.pdf</div>	1	Yes	0	No	98	Don't know										
1	Yes																			
0	No																			
98	Don't know																			
	871	edu_iep_service_pre Show the field ONLY if: [edu_iep]='1'	If yes, was your child receiving specialized services or resources on an Individualized Education Plan (IEP) or 504 plan in the 2019-2020 school year before the pandemic?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>98</td><td>Don't know</td></tr></table> <div>Custom alignment: RH Field Annotation: GCS Neuro COVID Case Report Form</div>	1	Yes	0	No	98	Don't know										
1	Yes																			
0	No																			
98	Don't know																			

	872	edu_iep_service_durcov Show the field ONLY if: [edu_iep]='1'	During the pandemic (since March 2020) were the child's services less, the same, or more frequent compared to before the pandemic?	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>Same</td></tr><tr><td>3</td><td>More</td></tr><tr><td>97</td><td>N/A</td></tr></table> Field Annotation: Psychosocial Pediatric WG	radio		1	Less	2	Same	3	More	97	N/A						
radio																				
1	Less																			
2	Same																			
3	More																			
97	N/A																			
	873	edu_schoolchange_desc	Section Header: <i>Changes to Schooling During Pandemic</i> Additional Guidance: This is a high level element to capture predominant forms of schooling during the different school years spanning the COVID-19 pandemic. For studies that want more detailed assessment of the length of time spent in the different forms of schooling during the COVID-19 pandemic, the Working Group proposes two strategies for investigators to consider: 1) using an event history calendar as a visual guide to obtain more specific month to month information on changes to schooling; from parents, and/or 2) obtaining the school district information on changes to schooling during the pandemic, noting this may only be applicable to students attending public schools (i.e., if the student answers Current School Type with 'A public school, including charter school or magnet school').	descriptive Field Annotation: Psychosocial Pediatric WG																
	874	edu_school_mar20_jun20	Section Header: <i>Parent Report About Child</i> From March 2020-June 2020, what was the predominant form of schooling for your child:	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Attend school in person ONLY</td></tr><tr><td>2</td><td>Attend school remotely ONLY</td></tr><tr><td>3</td><td>Attend school via a hybrid model that included in person schooling and remote distance learning</td></tr><tr><td>4</td><td>Not attend school because school was cancelled</td></tr><tr><td>5</td><td>Not attend school because child dropped out</td></tr><tr><td>6</td><td>Not attend school for other reason (please specify)</td></tr><tr><td>97</td><td>Not applicable (N/A)</td></tr></table> Custom alignment: LV	radio		1	Attend school in person ONLY	2	Attend school remotely ONLY	3	Attend school via a hybrid model that included in person schooling and remote distance learning	4	Not attend school because school was cancelled	5	Not attend school because child dropped out	6	Not attend school for other reason (please specify)	97	Not applicable (N/A)
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97	Not applicable (N/A)																			
	875	edu_school_sep20_jun21	From Sept 2020-June 2021, what was the predominant form of schooling for your child:	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Attend school in person ONLY</td></tr><tr><td>2</td><td>Attend school remotely ONLY</td></tr><tr><td>3</td><td>Attend school via a hybrid model that included in person schooling and remote distance learning</td></tr><tr><td>4</td><td>Not attend school because school was cancelled</td></tr><tr><td>5</td><td>Not attend school because child dropped out</td></tr><tr><td>6</td><td>Not attend school for other reason (please specify)</td></tr><tr><td>97</td><td>Not applicable (N/A)</td></tr></table> Custom alignment: LV	radio		1	Attend school in person ONLY	2	Attend school remotely ONLY	3	Attend school via a hybrid model that included in person schooling and remote distance learning	4	Not attend school because school was cancelled	5	Not attend school because child dropped out	6	Not attend school for other reason (please specify)	97	Not applicable (N/A)
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97	Not applicable (N/A)																			

	876	edu_school_sep21_pres	From Sept 2021-present, what was the predominant form of schooling for your child:	<div>radio</div> <table><tr><td>1</td><td>Attend school in person ONLY</td></tr><tr><td>2</td><td>Attend school remotely ONLY</td></tr><tr><td>3</td><td>Attend school via a hybrid model that included in person schooling and remote distance learning</td></tr><tr><td>4</td><td>Not attend school because school was cancelled</td></tr><tr><td>5</td><td>Not attend school because child dropped out</td></tr><tr><td>6</td><td>Not attend school for other reason (please specify)</td></tr><tr><td>97</td><td>Not applicable (N/A)</td></tr></table> <div>Custom alignment: LV</div>	1	Attend school in person ONLY	2	Attend school remotely ONLY	3	Attend school via a hybrid model that included in person schooling and remote distance learning	4	Not attend school because school was cancelled	5	Not attend school because child dropped out	6	Not attend school for other reason (please specify)	97	Not applicable (N/A)		
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6	Not attend school for other reason (please specify)																			
97	Not applicable (N/A)																			
	877	edu_absent_desc	<div>Section Header: <i>School Attendance/Absence (Tier 2) Parent Report About Child</i></div> <div>Additional Guidance: Parent-reported absenteeism may be unreliable. Studies may alternatively seek to use school district records to calculate absences during each school year.</div>	<div>descriptive</div> <div>Field Annotation: 62 National Survey of Children's Health, 2020 Questionnaire Modified to specify for illness due to COVID-19, added "Don't know," added 15 or more days as it is used sometimes as a cutoff for chronic absenteeism https://mchb.hrsa.gov/data/national-surveys/questionnaires-datasets-supporting-documents 63 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6880919/</div>																
	878	edu_absent_currentyr	Since start of the current school year (or past school year if on summer break), about how many days did this child miss school (including missing remote learning)?	<div>radio</div> <table><tr><td>0</td><td>No missed school days [skip next question]</td></tr><tr><td>1</td><td>1-3 days</td></tr><tr><td>2</td><td>4-6 days</td></tr><tr><td>3</td><td>7-10 days</td></tr><tr><td>4</td><td>11-15 days</td></tr><tr><td>5</td><td>15 or more days</td></tr><tr><td>97</td><td>This child was not enrolled in school [skip next question]</td></tr><tr><td>98</td><td>Don't know [skip next question]</td></tr></table> <div>Custom alignment: LV</div>	0	No missed school days [skip next question]	1	1-3 days	2	4-6 days	3	7-10 days	4	11-15 days	5	15 or more days	97	This child was not enrolled in school [skip next question]	98	Don't know [skip next question]
0	No missed school days [skip next question]																			
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5	15 or more days																			
97	This child was not enrolled in school [skip next question]																			
98	Don't know [skip next question]																			
	879	<div>edu_absent_illness</div> <div>Show the field ONLY if: [edu_absent_currentyr] = '1' or [edu_absent_currentyr] = '2' or [edu_absent_currentyr] = '3' or [edu_absent_currentyr] = '4' or [edu_absent_currentyr] = '5'</div>	If more than 1 day was missed, about how many days did this child miss school (including missing remote learning) because of illness of you or a family member from COVID-19?	<div>radio</div> <table><tr><td>0</td><td>No missed school days [skip next question]</td></tr><tr><td>1</td><td>1-3 days</td></tr><tr><td>2</td><td>4-6 days</td></tr><tr><td>3</td><td>7-10 days</td></tr><tr><td>4</td><td>11-15 days</td></tr><tr><td>5</td><td>15 or more days</td></tr><tr><td>97</td><td>This child was not enrolled in school</td></tr><tr><td>98</td><td>Don't know</td></tr></table> <div>Custom alignment: LV</div>	0	No missed school days [skip next question]	1	1-3 days	2	4-6 days	3	7-10 days	4	11-15 days	5	15 or more days	97	This child was not enrolled in school	98	Don't know
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97	This child was not enrolled in school																			
98	Don't know																			
	880	edu_remote_desc	<div>Section Header: <i>Perception of Changes to Schooling (Tier 2) Parent Report About Child</i></div> <div>Using a scale of 1-5, where 1 is not at all true, and 5 is completely true:</div> <div>How true would you say each of the following statements is for your child's school/college, regarding how your experiences were/are during the COVID-19 pandemic (since March 2020)</div>	<div>descriptive</div> <div>Field Annotation: Rutgers LINK Impact of Social Determinants of Health on Contracting COVID</div>																

881	edu_remote_effective	Remote learning is as effective as live/traditional classroom lectures for my child.	radio (Matrix) <table border="1"> <tr><td>1</td><td>1, Not at all true</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5, Completely true</td></tr> </table>	1	1, Not at all true	2	2	3	3	4	4	5	5, Completely true
1	1, Not at all true												
2	2												
3	3												
4	4												
5	5, Completely true												
882	edu_remote_edugoes	My child can meet his/her educational goals with remote learning.	radio (Matrix) <table border="1"> <tr><td>1</td><td>1, Not at all true</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5, Completely true</td></tr> </table>	1	1, Not at all true	2	2	3	3	4	4	5	5, Completely true
1	1, Not at all true												
2	2												
3	3												
4	4												
5	5, Completely true												
883	edu_remote_socialinteract	My child has sufficient social interaction with peers during remote learning.	radio (Matrix) <table border="1"> <tr><td>1</td><td>1, Not at all true</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5, Completely true</td></tr> </table>	1	1, Not at all true	2	2	3	3	4	4	5	5, Completely true
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884	edu_remote_lackinterest	It seems my child experiences a lack of interest during remote learning.	radio (Matrix) <table border="1"> <tr><td>1</td><td>1, Not at all true</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5, Completely true</td></tr> </table>	1	1, Not at all true	2	2	3	3	4	4	5	5, Completely true
1	1, Not at all true												
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4	4												
5	5, Completely true												
885	edu_remote_frustration	It seems my child experiences frustration during remote learning.	radio (Matrix) <table border="1"> <tr><td>1</td><td>1, Not at all true</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5, Completely true</td></tr> </table>	1	1, Not at all true	2	2	3	3	4	4	5	5, Completely true
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5	5, Completely true												
886	edu_teacher_desc	Section Header: <i>School Risk and Protective Factors (Tier 2) Child Self-Report (Ages 12-18)</i> Teacher Relationships	descriptive Field Annotation: P211001 Age Group: Validated https://www.phenxtoolkit.org/protocols/view/211001?origin=domain										
887	edu_teacher_understnd_prob	1. Teachers understand my problems	radio (Matrix) <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neither Agree or Disagree</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neither Agree or Disagree	3	Agree	4	Strongly Agree
0	Strongly Disagree												
1	Disagree												
2	Neither Agree or Disagree												
3	Agree												
4	Strongly Agree												

	888	edu_teacher_interestfuture	2. Teachers and staff seem to take a real interest in my future	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	889	edu_teacher_available	3. Teachers are available when I need to talk with them	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	890	edu_teacher_easytalk	4. It is easy to talk with teachers	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	891	edu_teacher_getsalong	5. Students get along well with teachers	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	892	edu_teacher_noticesabsent	6. At my school, there is a teacher or some other adult who notices when I'm not there	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	893	edu_teacher_helpchildren	7. Teachers at my school help us children with our problems	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree

	894	edu_teacher_caresabout	8. My teachers care about me	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	895	edu_teacher_feelgoodself	9. My teacher makes me feel good about myself	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	896	edu_connect_desc	School Connectedness	descriptive
	897	edu_connect_schwrk_excit	10. My schoolwork is exciting	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	898	edu_connect_makesuggest	11. Students can make suggestions on courses that are offered	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	899	edu_connect_public_recog	12. Students are publicly recognized for their outstanding performances in speech, drama, art, music, etc.	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	900	edu_connect_extraperiod	13. If this school had an extra period during the day, I would take an additional academic class	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree

	901	edu_connect_enthusiastic	14. This school makes students enthusiastic about learning	radio (Matrix) <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neither Agree or Disagree</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neither Agree or Disagree	3	Agree	4	Strongly Agree
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3	Agree													
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	902	edu_connect_praised_rules	15. Students are frequently rewarded or praised by faculty and staff for following school rules	radio (Matrix) <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neither Agree or Disagree</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neither Agree or Disagree	3	Agree	4	Strongly Agree
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	903	edu_support_desc	Academic Support	descriptive										
	904	edu_support_undstnd_hmwrk	16. I usually understand my homework assignments	radio (Matrix) <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neither Agree or Disagree</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neither Agree or Disagree	3	Agree	4	Strongly Agree
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4	Strongly Agree													
	905	edu_support_wrkclear_grade	17. Teachers make it clear what work needs to be done to get the grade I want	radio (Matrix) <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neither Agree or Disagree</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neither Agree or Disagree	3	Agree	4	Strongly Agree
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3	Agree													
4	Strongly Agree													
	906	edu_support_all_learn	18. I believe that teachers expect all students to learn	radio (Matrix) <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neither Agree or Disagree</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neither Agree or Disagree	3	Agree	4	Strongly Agree
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3	Agree													
4	Strongly Agree													
	907	edu_support_icandowell	19. I feel that I can do well in this school	radio (Matrix) <table border="1"> <tr><td>0</td><td>Strongly Disagree</td></tr> <tr><td>1</td><td>Disagree</td></tr> <tr><td>2</td><td>Neither Agree or Disagree</td></tr> <tr><td>3</td><td>Agree</td></tr> <tr><td>4</td><td>Strongly Agree</td></tr> </table>	0	Strongly Disagree	1	Disagree	2	Neither Agree or Disagree	3	Agree	4	Strongly Agree
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3	Agree													
4	Strongly Agree													

	908	edu_support_tchersbelieve	20. My teachers believe that I can do well in my school work	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	909	edu_support_tryhard_suc	21. I try hard to succeed in my classes	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	910	edu_order_desc	Order and Discipline	descriptive
	911	edu_order_classrules	22. Classroom rules are applied equally	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	912	edu_order_prob_solved	23. Problems in this school are solved by students and staff	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	913	edu_order_trbl_notfollow	24. Students get in trouble if they do not follow school rules	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	914	edu_order_rules_fair	25. The rules of the school are fair	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree

	915	edu_order_enforced_fair	26. School rules are enforced consistently and fairly	radio (Matrix) <table><tr><td>0</td><td>Strongly Disagree</td></tr><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neither Agree or Disagree</td></tr><tr><td>3</td><td>Agree</td></tr><tr><td>4</td><td>Strongly Agree</td></tr></table>	0	Strongly Disagree	1	Disagree	2	Neither Agree or Disagree	3	Agree	4	Strongly Agree
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3	Agree													
4	Strongly Agree													
	916	edu_order_clear_misbehave	27. My teachers make it clear to me when I have misbehaved in class	radio (Matrix) <table><tr><td>0</td><td>Strongly Disagree</td></tr><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neither Agree or Disagree</td></tr><tr><td>3</td><td>Agree</td></tr><tr><td>4</td><td>Strongly Agree</td></tr></table>	0	Strongly Disagree	1	Disagree	2	Neither Agree or Disagree	3	Agree	4	Strongly Agree
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	917	edu_order_discipline_fair	28. Discipline is fair	radio (Matrix) <table><tr><td>0</td><td>Strongly Disagree</td></tr><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neither Agree or Disagree</td></tr><tr><td>3</td><td>Agree</td></tr><tr><td>4</td><td>Strongly Agree</td></tr></table>	0	Strongly Disagree	1	Disagree	2	Neither Agree or Disagree	3	Agree	4	Strongly Agree
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	918	edu_physenv_desc	(Only answer if in-person schooling) School Physical Environment	descriptive										
	919	edu_physenv_groundsclean	29. The school grounds are kept clean	radio (Matrix) <table><tr><td>0</td><td>Strongly Disagree</td></tr><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neither Agree or Disagree</td></tr><tr><td>3</td><td>Agree</td></tr><tr><td>4</td><td>Strongly Agree</td></tr></table>	0	Strongly Disagree	1	Disagree	2	Neither Agree or Disagree	3	Agree	4	Strongly Agree
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1	Disagree													
2	Neither Agree or Disagree													
3	Agree													
4	Strongly Agree													
	920	edu_physenv_neatclean	30. My school is neat and clean	radio (Matrix) <table><tr><td>0</td><td>Strongly Disagree</td></tr><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neither Agree or Disagree</td></tr><tr><td>3</td><td>Agree</td></tr><tr><td>4</td><td>Strongly Agree</td></tr></table>	0	Strongly Disagree	1	Disagree	2	Neither Agree or Disagree	3	Agree	4	Strongly Agree
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2	Neither Agree or Disagree													
3	Agree													
4	Strongly Agree													
	921	edu_physenv_wellmaintain	31. My school buildings are generally pleasant and well maintained	radio (Matrix) <table><tr><td>0</td><td>Strongly Disagree</td></tr><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neither Agree or Disagree</td></tr><tr><td>3</td><td>Agree</td></tr><tr><td>4</td><td>Strongly Agree</td></tr></table>	0	Strongly Disagree	1	Disagree	2	Neither Agree or Disagree	3	Agree	4	Strongly Agree
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4	Strongly Agree													

	922	edu_physenv_cleantidy	32. My school is usually clean and tidy	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	923	edu_social_desc	School Social Environment	descriptive
	924	edu_social_happy_kinds_stu	33. I am happy with the kinds of students who go to my school	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	925	edu_social_happy_oth_stu	34. I am happy, in general, with the other students who go to my school	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	926	edu_privilege_desc	Perceived Exclusion/Privilege	descriptive
	927	edu_priv_samehelp	35. At my school, the same person always gets to help the teacher	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	928	edu_priv_samechosen	36. At my school, the same kids get chosen every time to take part in after-school or special activities	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	929	edu_priv_same_uses things	37. The same kids always get to use things, like a computer, a ball or a piano, when we play	radio (Matrix) 0 Strongly Disagree 1 Disagree 2 Neither Agree or Disagree 3 Agree 4 Strongly Agree
	930	edu_satis_desc	Academic Satisfaction	descriptive

	931	edu_satis_happy_numtests	38. I am happy about the number of tests I have	radio (Matrix) <table><tr><td>0</td><td>Strongly Disagree</td></tr><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neither Agree or Disagree</td></tr><tr><td>3</td><td>Agree</td></tr><tr><td>4</td><td>Strongly Agree</td></tr></table>	0	Strongly Disagree	1	Disagree	2	Neither Agree or Disagree	3	Agree	4	Strongly Agree						
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4	Strongly Agree																			
	932	edu_satis_happy_amt_hmwrk	39. I am happy about the amount of homework I have	radio (Matrix) <table><tr><td>0</td><td>Strongly Disagree</td></tr><tr><td>1</td><td>Disagree</td></tr><tr><td>2</td><td>Neither Agree or Disagree</td></tr><tr><td>3</td><td>Agree</td></tr><tr><td>4</td><td>Strongly Agree</td></tr></table>	0	Strongly Disagree	1	Disagree	2	Neither Agree or Disagree	3	Agree	4	Strongly Agree						
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	933	edu_academ_desc	Academic Performance/Achievement Child Self-Report (Ages 10+)/Parent Report About Child	descriptive Field Annotation: Healthy Pathways Age group: Validated Modified to add "I/my child was not graded" https://link.springer.com/article/10.1007/s11136-010-9687-4																
	934	edu_pre_grades	In the months before the pandemic (2019-February 2020) how would you describe your/your child's grades in school?	radio <table><tr><td>1</td><td>Below average (D's or F's)</td></tr><tr><td>2</td><td>Average (C's)</td></tr><tr><td>3</td><td>Good (B's)</td></tr><tr><td>4</td><td>Very good (A's and B's)</td></tr><tr><td>5</td><td>Excellent (A's)</td></tr><tr><td>6</td><td>I/my child was not graded</td></tr><tr><td>99</td><td>Refused</td></tr><tr><td>98</td><td>Don't know</td></tr></table> Custom alignment: LV	1	Below average (D's or F's)	2	Average (C's)	3	Good (B's)	4	Very good (A's and B's)	5	Excellent (A's)	6	I/my child was not graded	99	Refused	98	Don't know
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6	I/my child was not graded																			
99	Refused																			
98	Don't know																			
	935	edu_curr_grades	During the current school year (or most recent school year if on summer break) how would you describe your/your child's grades in school?	radio <table><tr><td>1</td><td>Below average (D's or F's)</td></tr><tr><td>2</td><td>Average (C's)</td></tr><tr><td>3</td><td>Good (B's)</td></tr><tr><td>4</td><td>Very good (A's and B's)</td></tr><tr><td>5</td><td>Excellent (A's)</td></tr><tr><td>6</td><td>I/my child was not graded</td></tr><tr><td>99</td><td>Refused</td></tr><tr><td>98</td><td>Don't know</td></tr></table> Custom alignment: LV	1	Below average (D's or F's)	2	Average (C's)	3	Good (B's)	4	Very good (A's and B's)	5	Excellent (A's)	6	I/my child was not graded	99	Refused	98	Don't know
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936	edu_childcare	<p>Section Header: <i>Childcare (Tier 2) Parent Self-Report</i></p> <p>How has the COVID-19 outbreak affected your regular childcare/supervision of school aged children (K-12)?</p> <p><i>Mark all that apply</i></p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>edu_childcare__1</td> <td>I had difficulty arranging for childcare/supervision</td> </tr> <tr> <td>2</td> <td>edu_childcare__2</td> <td>I had to pay more for childcare/supervision</td> </tr> <tr> <td>3</td> <td>edu_childcare__3</td> <td>My co-parent or I no longer needed child care</td> </tr> <tr> <td>4</td> <td>edu_childcare__4</td> <td>My co-parent or I had to change our work schedule or quit our job to care for our children</td> </tr> <tr> <td>5</td> <td>edu_childcare__5</td> <td>My regular childcare/supervision was not affected by the COVID-19 outbreak</td> </tr> <tr> <td>0</td> <td>edu_childcare__0</td> <td>I do not have a school-age child who needed regular supervision</td> </tr> </table> <p>Custom alignment: LV</p> <p>Field Annotation: ECHO COVID-19 Adult Questionnaire Modified to add "supervision of school aged children" and added response of "no longer needed child care" https://www.nlm.nih.gov/dr2/C19-aPV_COVID-19_Questionnaire-Adult_Primary_Version_20200409_v01.30.pdf @NONEOTHEABOVE='0'</p>	1	edu_childcare__1	I had difficulty arranging for childcare/supervision	2	edu_childcare__2	I had to pay more for childcare/supervision	3	edu_childcare__3	My co-parent or I no longer needed child care	4	edu_childcare__4	My co-parent or I had to change our work schedule or quit our job to care for our children	5	edu_childcare__5	My regular childcare/supervision was not affected by the COVID-19 outbreak	0	edu_childcare__0	I do not have a school-age child who needed regular supervision
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937	edu_computer_desc	<p>Section Header: <i>Computer and Internet Access</i></p> <p>Parent Report About Child</p>	<p>descriptive</p> <p>Field Annotation: 2020 COVID-19 CENSUS HOUSEHOLD PULSE Modified to specify for remote learning and changed "children" to "your child" https://www.phenxtoolkit.org/toolkit_content/PDF/Census_HPS.pdf</p>																		
938	edu_computer	<p>How often is a computer/laptop or other digital device (e.g., tablet) available to your child for educational purposes to support remote distance learning?</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Always available</td> </tr> <tr> <td>2</td> <td>Usually available</td> </tr> <tr> <td>3</td> <td>Sometimes available</td> </tr> <tr> <td>4</td> <td>Rarely available</td> </tr> <tr> <td>0</td> <td>Never available</td> </tr> <tr> <td>97</td> <td>N/A</td> </tr> </table> <p>Custom alignment: LV</p>	1	Always available	2	Usually available	3	Sometimes available	4	Rarely available	0	Never available	97	N/A						
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0	Never available																				
97	N/A																				
939	edu_computer_provide	<p>Is/are the computer(s) or other digital device(s) ...?</p> <p><i>Select all that apply</i></p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Provided by the child's school or school district to use outside of school</td> </tr> <tr> <td>2</td> <td>Provided by someone in the household or family, or it is the child's</td> </tr> <tr> <td>3</td> <td>Provided by another source</td> </tr> <tr> <td>97</td> <td>N/A</td> </tr> </table> <p>Custom alignment: LV</p>	1	Provided by the child's school or school district to use outside of school	2	Provided by someone in the household or family, or it is the child's	3	Provided by another source	97	N/A										
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3	Provided by another source																				
97	N/A																				
940	edu_internet	<p>How often is the Internet available to your child for educational purposes to support remote distance learning?</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Always available</td> </tr> <tr> <td>2</td> <td>Usually available</td> </tr> <tr> <td>3</td> <td>Sometimes available</td> </tr> <tr> <td>4</td> <td>Rarely available</td> </tr> <tr> <td>0</td> <td>Never available</td> </tr> <tr> <td>97</td> <td>N/A</td> </tr> </table> <p>Custom alignment: LV</p>	1	Always available	2	Usually available	3	Sometimes available	4	Rarely available	0	Never available	97	N/A						
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0	Never available																				
97	N/A																				

941	edu_internet_pay	Are Internet services ...? <i>Select all that apply</i>	<div>checkbox</div> <table border="1"> <tr> <td>1</td> <td>edu_internet_pay__1</td> <td>Paid for by the children's school or school district</td> </tr> <tr> <td>2</td> <td>edu_internet_pay__2</td> <td>Paid for by someone in the household or family</td> </tr> <tr> <td>3</td> <td>edu_internet_pay__3</td> <td>Paid for by another source</td> </tr> <tr> <td>97</td> <td>edu_internet_pay__97</td> <td>N/A</td> </tr> </table> <div>Custom alignment: LV Field Annotation: @NONEOFTHEABOVE='97'</div>	1	edu_internet_pay__1	Paid for by the children's school or school district	2	edu_internet_pay__2	Paid for by someone in the household or family	3	edu_internet_pay__3	Paid for by another source	97	edu_internet_pay__97	N/A
1	edu_internet_pay__1	Paid for by the children's school or school district													
2	edu_internet_pay__2	Paid for by someone in the household or family													
3	edu_internet_pay__3	Paid for by another source													
97	edu_internet_pay__97	N/A													
942	educational_factors_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
Instrument: Community, Family, and Peer Factors (community_family_and_peer_factors)  Enabled as survey <div> ^ Collapse Collapse </div>															
943	cfp_ch_social	Section Header: <i>Social Connection/Support Child Self-Report (Age 13+)</i> Compared to before the COVID-19 outbreak (before March 2020), do you feel	<div>radio</div> <table border="1"> <tr> <td>1</td> <td>Much less socially connected</td> </tr> <tr> <td>2</td> <td>Less socially connected</td> </tr> <tr> <td>3</td> <td>Slightly less socially connected</td> </tr> <tr> <td>4</td> <td>Slightly more socially connected</td> </tr> <tr> <td>5</td> <td>More socially connected</td> </tr> <tr> <td>6</td> <td>Much more socially connected</td> </tr> </table> <div>Field Annotation: ECHO Child Self-Report Age group: Used in COVID-19 Questionnaire https://www.nlm.nih.gov/dr2/C19-cPV_COVID-19_Questionnaire-Child_Self-Report_Primary_Version_20200608_v01.31.pdf</div>	1	Much less socially connected	2	Less socially connected	3	Slightly less socially connected	4	Slightly more socially connected	5	More socially connected	6	Much more socially connected
1	Much less socially connected														
2	Less socially connected														
3	Slightly less socially connected														
4	Slightly more socially connected														
5	More socially connected														
6	Much more socially connected														
944	cfp_p_abtch_social	Section Header: <i>Parent Report About Child (Age 8+)</i> Compared to before the COVID-19 outbreak (before March 2020), does your child seem	<div>radio</div> <table border="1"> <tr> <td>1</td> <td>Much less socially connected</td> </tr> <tr> <td>2</td> <td>Less socially connected</td> </tr> <tr> <td>3</td> <td>Slightly less socially connected</td> </tr> <tr> <td>4</td> <td>Slightly more socially connected</td> </tr> <tr> <td>5</td> <td>More socially connected</td> </tr> <tr> <td>6</td> <td>Much more socially connected</td> </tr> </table> <div>Field Annotation: ECHO Child Parent-Report https://www.phenxtoolkit.org/toolkit_content/PDF/ECHO_Child_Parent_Report_Impac</div>	1	Much less socially connected	2	Less socially connected	3	Slightly less socially connected	4	Slightly more socially connected	5	More socially connected	6	Much more socially connected
1	Much less socially connected														
2	Less socially connected														
3	Slightly less socially connected														
4	Slightly more socially connected														
5	More socially connected														
6	Much more socially connected														
945	promis_soc200	Section Header: <i>Emotional Support/Social Support (Tier 2) NIH Toolbox Emotional Support FF Ages 8-17 v2.0 Child Self-Report (Ages 8-17) In the past month, please describe how often...</i> I have someone who understands my problems	<div>radio (Matrix)</div> <table border="1"> <tr> <td>1</td> <td>Never</td> </tr> <tr> <td>2</td> <td>Rarely</td> </tr> <tr> <td>3</td> <td>Sometimes</td> </tr> <tr> <td>4</td> <td>Usually</td> </tr> <tr> <td>5</td> <td>Always</td> </tr> </table> <div>Field Annotation: NIH Toolbox Emotional Support FF Ages 8-17 v2.0 NIH Toolbox Emotional Support Age group: Validated https://www.healthmeasures.net/explore-measurement-systems/nih-toolbox/intro-to-nih-toolbox/emotion/184-nih-toolbox-emotion</div>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always		
1	Never														
2	Rarely														
3	Sometimes														
4	Usually														
5	Always														

	946	promis_soc203	I have someone who will listen to me when I need to talk	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr></table> <div>Field Annotation: NIH Toolbox Emotional Support FF Ages 8-17 v2.0 NIH Toolbox Emotional Support Age group: Validated https://www.healthmeasures.net/explore-measurement-systems/nih-toolbox/intro-to-nih-toolbox/emotion/184-nih-toolbox-emotion</div>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
1	Never													
2	Rarely													
3	Sometimes													
4	Usually													
5	Always													
	947	promis_soc205	I have someone to talk with when I have a bad day	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr></table> <div>Field Annotation: NIH Toolbox Emotional Support FF Ages 8-17 v2.0 NIH Toolbox Emotional Support Age group: Validated https://www.healthmeasures.net/explore-measurement-systems/nih-toolbox/intro-to-nih-toolbox/emotion/184-nih-toolbox-emotion</div>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
1	Never													
2	Rarely													
3	Sometimes													
4	Usually													
5	Always													
	948	promis_soc216	There is someone around to help me if I need it	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr></table> <div>Field Annotation: NIH Toolbox Emotional Support FF Ages 8-17 v2.0 NIH Toolbox Emotional Support Age group: Validated https://www.healthmeasures.net/explore-measurement-systems/nih-toolbox/intro-to-nih-toolbox/emotion/184-nih-toolbox-emotion</div>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
1	Never													
2	Rarely													
3	Sometimes													
4	Usually													
5	Always													
	949	promis_soc222	I can get helpful advice from others when dealing with a problem	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr></table> <div>Field Annotation: NIH Toolbox Emotional Support FF Ages 8-17 v2.0 NIH Toolbox Emotional Support Age group: Validated https://www.healthmeasures.net/explore-measurement-systems/nih-toolbox/intro-to-nih-toolbox/emotion/184-nih-toolbox-emotion</div>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
1	Never													
2	Rarely													
3	Sometimes													
4	Usually													
5	Always													

	950	promis_soc225	I get useful advice about important things in my life	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr></table> <div>Field Annotation: NIH Toolbox Emotional Support FF Ages 8-17 v2.0 NIH Toolbox Emotional Support Age group: Validated https://www.healthmeasures.net/explore-measurement-systems/nih-toolbox/intro-to-nih-toolbox/emotion/184-nih-toolbox-emotion</div>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
1	Never													
2	Rarely													
3	Sometimes													
4	Usually													
5	Always													
	951	promis_soc226	I have someone to talk with about school problems	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Usually</td></tr><tr><td>5</td><td>Always</td></tr></table> <div>Field Annotation: NIH Toolbox Emotional Support FF Ages 8-17 v2.0 NIH Toolbox Emotional Support Age group: Validated https://www.healthmeasures.net/explore-measurement-systems/nih-toolbox/intro-to-nih-toolbox/emotion/184-nih-toolbox-emotion</div>	1	Never	2	Rarely	3	Sometimes	4	Usually	5	Always
1	Never													
2	Rarely													
3	Sometimes													
4	Usually													
5	Always													
	952	cfp_understands_probs_post	<div>Section Header: <i>Compared to before the COVID-19 pandemic (before March 2020)...</i></div> I have someone who understands my problems	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr></table>	1	Less	2	The same	3	More				
1	Less													
2	The same													
3	More													
	953	cfp_talk_post	I have someone who will listen to me when I need to talk	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr></table>	1	Less	2	The same	3	More				
1	Less													
2	The same													
3	More													
	954	cfp_bad_day_post	I have someone to talk with when I have a bad day	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr></table>	1	Less	2	The same	3	More				
1	Less													
2	The same													
3	More													
	955	cfp_help_post	There is someone around to help me if I need it	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr></table>	1	Less	2	The same	3	More				
1	Less													
2	The same													
3	More													
	956	cfp_prob_adv_post	I can get helpful advice from others when dealing with a problem	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr></table>	1	Less	2	The same	3	More				
1	Less													
2	The same													
3	More													

	957	cfp_imp_adv_post	I get useful advice about important things in my life	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr></table>	1	Less	2	The same	3	More				
1	Less													
2	The same													
3	More													
	958	cfp_school_prob_post	I have someone to talk with about school problems	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr></table>	1	Less	2	The same	3	More				
1	Less													
2	The same													
3	More													
	959	promis_pf2socabil6r_ec	<div>Section Header: <i>Peer Relationships (Tier 2) Parent Report About Child (Ages 1-5) In the past 7 days...</i></div> <div>My child shared with other kids</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost always</td></tr></table> <div>Field Annotation: PROMIS EC Parent-Report SF v1.0 - Social Relationships - Peer Relationships 4a PROMIS Peer Relationships Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</div>	1	Never	2	Almost never	3	Sometimes	4	Often	5	Almost always
1	Never													
2	Almost never													
3	Sometimes													
4	Often													
5	Almost always													
	960	promis_peer_ec2	My child played well with other children	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost always</td></tr></table> <div>Field Annotation: PROMIS EC Parent-Report SF v1.0 - Social Relationships - Peer Relationships 4a PROMIS Peer Relationships Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</div>	1	Never	2	Almost never	3	Sometimes	4	Often	5	Almost always
1	Never													
2	Almost never													
3	Sometimes													
4	Often													
5	Almost always													
	961	promis_peer_ec3	My child laughed and smiled with other children	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost always</td></tr></table> <div>Field Annotation: PROMIS EC Parent-Report SF v1.0 - Social Relationships - Peer Relationships 4a PROMIS Peer Relationships Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</div>	1	Never	2	Almost never	3	Sometimes	4	Often	5	Almost always
1	Never													
2	Almost never													
3	Sometimes													
4	Often													
5	Almost always													

	962	promis_peer_ec4	My child showed interest in other children	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost always</td></tr></table> <div>Field Annotation: PROMIS EC Parent-Report SF v1.0 - Social Relationships - Peer Relationships 4a PROMIS Peer Relationships Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</div>	1	Never	2	Almost never	3	Sometimes	4	Often	5	Almost always
1	Never													
2	Almost never													
3	Sometimes													
4	Often													
5	Almost always													
	963	cfp_cov_share	<div>Section Header: <i>Compared to before the COVID-19 pandemic (before March 2020)...</i></div> <div>My child shares with other kids</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr></table>	1	Less	2	The same	3	More				
1	Less													
2	The same													
3	More													
	964	cfp_cov_play	My child plays well with other children	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr></table>	1	Less	2	The same	3	More				
1	Less													
2	The same													
3	More													
	965	cfp_cov_laugh	My child laughs and smiles with other children	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr></table>	1	Less	2	The same	3	More				
1	Less													
2	The same													
3	More													
	966	cfp_cov_interest	My child shows interest in other children	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Less</td></tr><tr><td>2</td><td>The same</td></tr><tr><td>3</td><td>More</td></tr></table>	1	Less	2	The same	3	More				
1	Less													
2	The same													
3	More													
	967	promis_pf3socabil9r	<div>Section Header: <i>Parent Report About Child (Ages 5-17) In the past 7 days...</i></div> <div>My child felt accepted by other kids his/her age</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table> <div>Field Annotation: PROMIS Parent Proxy SF v2.0 - Peer Relations 7a</div>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	968	promis_pf4socabil12r	My child was able to count on his/her friends	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table> <div>Field Annotation: PROMIS Parent Proxy SF v2.0 - Peer Relations 7a</div>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													

969	promis_pf3socabil4r	My child was good at making friends	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Almost Always</td></tr> </table> Field Annotation: PROMIS Parent Proxy SF v2.0 - Peer Relations 7a	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never												
2	Almost Never												
3	Sometimes												
4	Often												
5	Almost Always												
970	promis_pf2socrole4r	My child and his/her friends helped each other out	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Almost Always</td></tr> </table> Field Annotation: PROMIS Parent Proxy SF v2.0 - Peer Relations 7a	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never												
2	Almost Never												
3	Sometimes												
4	Often												
5	Almost Always												
971	promis_pf1socabil2r	Other kids wanted to be my child's friend	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Almost Always</td></tr> </table> Field Annotation: PROMIS Parent Proxy SF v2.0 - Peer Relations 7a	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never												
2	Almost Never												
3	Sometimes												
4	Often												
5	Almost Always												
972	promis_pf3socrole4r	Other kids wanted to be with my child	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Almost Always</td></tr> </table> Field Annotation: PROMIS Parent Proxy SF v2.0 - Peer Relations 7a	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never												
2	Almost Never												
3	Sometimes												
4	Often												
5	Almost Always												
973	promis_pf2socabil9r	Other kids wanted to talk to my child	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Almost Always</td></tr> </table> Field Annotation: PROMIS Parent Proxy SF v2.0 - Peer Relations 7a	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never												
2	Almost Never												
3	Sometimes												
4	Often												
5	Almost Always												
974	cfp_cov_accept	Section Header: <i>Compared to before the COVID-19 pandemic (before March 2020)...</i> My child feels accepted by other kids his/her age	radio (Matrix) <table border="1"> <tr><td>1</td><td>Less</td></tr> <tr><td>2</td><td>The same</td></tr> <tr><td>3</td><td>More</td></tr> </table>	1	Less	2	The same	3	More				
1	Less												
2	The same												
3	More												

	975	cfp_cov_count_on	My child is able to count on his/her friends	radio (Matrix) 1 Less 2 The same 3 More
	976	cfp_cov_make_friends	My child is good at making friends	radio (Matrix) 1 Less 2 The same 3 More
	977	cfp_cov_help	My child and his/her friends help each other out	radio (Matrix) 1 Less 2 The same 3 More
	978	cfp_cov_child_friend	Other kids want to be my child's friend	radio (Matrix) 1 Less 2 The same 3 More
	979	cfp_cov_with_child	Other kids want to be with my child	radio (Matrix) 1 Less 2 The same 3 More
	980	cfp_cov_talk	Other kids want to talk to my child	radio (Matrix) 1 Less 2 The same 3 More
	981	promis_5018r1r	Section Header: Child Self-Report (Ages 8-17) PROMIS Pediatric Item Bank v2.0 - Peer Relationships - Short Form 8a In the past 7 days... I felt accepted by other kids my age	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always Field Annotation: PROMIS Pediatric Item Bank v2.0 - Peer Relationships - Short Form 8a
	982	promis_5058r1r	I was able to count on my friends	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always Field Annotation: PROMIS Pediatric Item Bank v2.0 - Peer Relationships - Short Form 8a


	983	promis_5056r1r	I was able to talk about everything with my friends	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table> <div>Field Annotation: PROMIS Pediatric Item Bank v2.0 - Peer Relationships - Short Form 8a</div>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	984	promis_1147r1r	I was good at making friends	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table> <div>Field Annotation: PROMIS Pediatric Item Bank v2.0 - Peer Relationships - Short Form 8a</div>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	985	promis_5055r1r	My friends and I helped each other out	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table> <div>Field Annotation: PROMIS Pediatric Item Bank v2.0 - Peer Relationships - Short Form 8a</div>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	986	promis_233r2r	Other kids wanted to be my friend	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table> <div>Field Annotation: PROMIS Pediatric Item Bank v2.0 - Peer Relationships - Short Form 8a</div>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	987	promis_210r1r	Other kids wanted to be with me	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table> <div>Field Annotation: PROMIS Pediatric Item Bank v2.0 - Peer Relationships - Short Form 8a</div>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													

	988	promis_9020r1r	Other kids wanted to talk to me	<div>radio (Matrix)</div> <div><div>1</div><div>Never</div></div> <div><div>2</div><div>Almost Never</div></div> <div><div>3</div><div>Sometimes</div></div> <div><div>4</div><div>Often</div></div> <div><div>5</div><div>Almost Always</div></div> <div>Field Annotation: PROMIS Pediatric Item Bank v2.0 - Peer Relationships - Short Form 8a</div>
	989	cfp_pedcov_accept	<div>Section Header: <i>Compared to before the COVID-19 pandemic (before March 2020)...</i></div> <div>I felt accepted by other kids my age</div>	<div>radio (Matrix)</div> <div><div>1</div><div>Less</div></div> <div><div>2</div><div>The same</div></div> <div><div>3</div><div>More</div></div>
	990	cfp_pedcov_count_on	I am able to count on my friends	<div>radio (Matrix)</div> <div><div>1</div><div>Less</div></div> <div><div>2</div><div>The same</div></div> <div><div>3</div><div>More</div></div>
	991	cfp_pedcov_talk_everything	I am able to talk about everything with my friends	<div>radio (Matrix)</div> <div><div>1</div><div>Less</div></div> <div><div>2</div><div>The same</div></div> <div><div>3</div><div>More</div></div>
	992	cfp_pedcov_make_friends	I am good at making friends	<div>radio (Matrix)</div> <div><div>1</div><div>Less</div></div> <div><div>2</div><div>The same</div></div> <div><div>3</div><div>More</div></div>
	993	cfp_pedcov_help	My friends and I help each other out	<div>radio (Matrix)</div> <div><div>1</div><div>Less</div></div> <div><div>2</div><div>The same</div></div> <div><div>3</div><div>More</div></div>
	994	cfp_pedcov_want_friends	Other kids want to be my friend	<div>radio (Matrix)</div> <div><div>1</div><div>Less</div></div> <div><div>2</div><div>The same</div></div> <div><div>3</div><div>More</div></div>
	995	cfp_pedcov_with	Other kids want to be with me	<div>radio (Matrix)</div> <div><div>1</div><div>Less</div></div> <div><div>2</div><div>The same</div></div> <div><div>3</div><div>More</div></div>
	996	cfp_pedcov_talk	Other kids want to talk to me	<div>radio (Matrix)</div> <div><div>1</div><div>Less</div></div> <div><div>2</div><div>The same</div></div> <div><div>3</div><div>More</div></div>

	997	cfp_p_selfdesc	Section Header: <i>Family Impact/Household Interpersonal Conflict (Tier 2)</i> Parent Self-Report	descriptive										
	998	cfp_get_along_cov	How have/were you and your child(ren) (been) getting along during the COVID-19 outbreak (since March 2020) ?	radio <table><tr><td>1</td><td>Very well - no problems or tension</td></tr><tr><td>2</td><td>Well - occasional tension, some tension, but manageable</td></tr><tr><td>3</td><td>Okay - some tension and sometimes things get out of hand (a few heated arguments)</td></tr><tr><td>4</td><td>Not very well - tense, lots of arguing, unsettled feeling, definite problems</td></tr><tr><td>5</td><td>Terribly</td></tr></table> Custom alignment: LV Field Annotation: COVID-19 Experiences (COVEX) Age group: Used in COVID-19 Questionnaire https://www.phenxtoolkit.org/toolkit_content/PDF/Fisher_COVEX_Living_Situation.pdf	1	Very well - no problems or tension	2	Well - occasional tension, some tension, but manageable	3	Okay - some tension and sometimes things get out of hand (a few heated arguments)	4	Not very well - tense, lots of arguing, unsettled feeling, definite problems	5	Terribly
1	Very well - no problems or tension													
2	Well - occasional tension, some tension, but manageable													
3	Okay - some tension and sometimes things get out of hand (a few heated arguments)													
4	Not very well - tense, lots of arguing, unsettled feeling, definite problems													
5	Terribly													
	999	cfp_get_along_change	Is this a change from how you were getting along before the outbreak (before March 2020)?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: COVID-19 Experiences (COVEX) Age group: Used in COVID-19 Questionnaire https://www.phenxtoolkit.org/toolkit_content/PDF/Fisher_COVEX_Living_Situation.pdf	1	Yes	0	No						
1	Yes													
0	No													
	1000	cfp_chdesc	Child Self-report (Ages 13+)	descriptive										
	1001	cfp_get_along_cov_child	How [have/were] YOU and your parent(s) (been) getting along during the COVID-19 outbreak (since March 2020)?	radio <table><tr><td>1</td><td>Very well - no problems or tension</td></tr><tr><td>2</td><td>Well - occasional tension, some tension, but manageable</td></tr><tr><td>3</td><td>Okay - some tension and sometimes things get out of hand (a few heated arguments)</td></tr><tr><td>4</td><td>Not very well - tense, lots of arguing, unsettled feeling, definite problems</td></tr><tr><td>5</td><td>Terribly</td></tr></table> Custom alignment: LV Field Annotation: COVID-19 Experiences (COVEX) Age group: Used in COVID-19 Questionnaire https://www.phenxtoolkit.org/toolkit_content/PDF/Fisher_COVEX_Living_Situation.pdf	1	Very well - no problems or tension	2	Well - occasional tension, some tension, but manageable	3	Okay - some tension and sometimes things get out of hand (a few heated arguments)	4	Not very well - tense, lots of arguing, unsettled feeling, definite problems	5	Terribly
1	Very well - no problems or tension													
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3	Okay - some tension and sometimes things get out of hand (a few heated arguments)													
4	Not very well - tense, lots of arguing, unsettled feeling, definite problems													
5	Terribly													
	1002	cfp_get_along_change_child	Is this a change from how you were getting along before the outbreak (before March 2020)?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: COVID-19 Experiences (COVEX) Age group: Used in COVID-19 Questionnaire https://www.phenxtoolkit.org/toolkit_content/PDF/Fisher_COVEX_Living_Situation.pdf	1	Yes	0	No						
1	Yes													
0	No													
	1003	cfp_violent_living	Section Header: <i>If study approval and privacy ensured; INTERVIEWER: IF CONDUCTING PHONE INTERVIEW, PLEASE SAY THE FOLLOWING: For the next 3 questions, I am going to ask you about some private matters, so please turn your speakerphone off.</i> During the COVID-19 outbreak (since March 2020), did things ever get to the point where an adult you were living with got physically violent with a child (for example, shoved, hit, kicked, or shook [her/him/them])?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No						
1	Yes													
0	No													

	1004	cfp_violent_household_you	During the COVID-19 outbreak (since March 2020), was an adult in your household ever physically violent with you (for example, shoved, hit, kicked, or shook you)?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH</div>	1	Yes	0	No						
1	Yes													
0	No													
	1005	cfp_violent_household_oth	During the COVID-19 outbreak (since March 2020), did things ever get to the point where an adult you were living with got physically violent with someone else (for example, shoved, hit, kicked, or shook someone else)?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH</div>	1	Yes	0	No						
1	Yes													
0	No													
	1006	cfp_addtinlguide	Additional Guidance: Guidance for conducting child maltreatment research and reporting varies depending on the scope of the project, study participants, setting of the study (school, hospital, etc.) and state mandatory reporting laws. More information on state statutes can be found at the HHS Childwelfare.gov site: https://www.childwelfare.gov/pubPDFs/manda.pdf (2019). Researchers should consult with their IRBs to minimize risks to study participants, appropriately consent and adhere to ethical practices and regulatory requirements for including vulnerable children in research: https://www.hhs.gov/ohrp/regulations-and-policy/guidance/special-protections-for-children/index.html . Additional NICHD resources for forensic over-evidence-based interviewing of children include: http://nichdprotocol.com/ , https://youth.gov/content/nichdinvestigative-interview-protocol .	descriptive										
	1007	cfp_p_selfdesc2	Section Header: <i>Community Support (Cohesion) (Tier 2)</i> Paren Self-Report	descriptive										
	1008	cfp_coh_close	Section Header: <i>Now I'm going to read some statements about things that people in your neighborhood may or may not do. For each of these statements, please tell me whether you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.</i> This is a close-knit neighborhood	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Strongly agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither agree nor disagree</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly disagree</td></tr></table> <div>Field Annotation: PX210801 https://www.phenxtoolkit.org/toolkit_content/PDF/PX210801.pdf</div>	1	Strongly agree	2	Agree	3	Neither agree nor disagree	4	Disagree	5	Strongly disagree
1	Strongly agree													
2	Agree													
3	Neither agree nor disagree													
4	Disagree													
5	Strongly disagree													
	1009	cfp_coh_help	People around here are willing to help their neighbors	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Strongly agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither agree nor disagree</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly disagree</td></tr></table> <div>Field Annotation: PX210801 https://www.phenxtoolkit.org/toolkit_content/PDF/PX210801.pdf</div>	1	Strongly agree	2	Agree	3	Neither agree nor disagree	4	Disagree	5	Strongly disagree
1	Strongly agree													
2	Agree													
3	Neither agree nor disagree													
4	Disagree													
5	Strongly disagree													

	1010	cfp_coh_not_get_along	People in this neighborhood generally don't get along with each other	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Strongly agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither agree nor disagree</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly disagree</td></tr></table> <div>Field Annotation: PX210801 https://www.phenxtoolkit.org/toolkit_content/PDF/PX210801.pdf</div>	1	Strongly agree	2	Agree	3	Neither agree nor disagree	4	Disagree	5	Strongly disagree
1	Strongly agree													
2	Agree													
3	Neither agree nor disagree													
4	Disagree													
5	Strongly disagree													
	1011	cfp_coh_not_share_values	People in this neighborhood do not share the same values	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Strongly agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither agree nor disagree</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly disagree</td></tr></table> <div>Field Annotation: PX210801 https://www.phenxtoolkit.org/toolkit_content/PDF/PX210801.pdf</div>	1	Strongly agree	2	Agree	3	Neither agree nor disagree	4	Disagree	5	Strongly disagree
1	Strongly agree													
2	Agree													
3	Neither agree nor disagree													
4	Disagree													
5	Strongly disagree													
	1012	cfp_coh_neigh_trust	People in this neighborhood can be trusted	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Strongly agree</td></tr><tr><td>2</td><td>Agree</td></tr><tr><td>3</td><td>Neither agree nor disagree</td></tr><tr><td>4</td><td>Disagree</td></tr><tr><td>5</td><td>Strongly disagree</td></tr></table> <div>Field Annotation: PX210801 https://www.phenxtoolkit.org/toolkit_content/PDF/PX210801.pdf</div>	1	Strongly agree	2	Agree	3	Neither agree nor disagree	4	Disagree	5	Strongly disagree
1	Strongly agree													
2	Agree													
3	Neither agree nor disagree													
4	Disagree													
5	Strongly disagree													
	1013	cfp_neigh_skip_sch	<div>Section Header: <i>For each of the following, please tell me if it is very likely, likely, neither likely nor unlikely, unlikely, or very unlikely that people in your neighborhood would act in the following manner</i></div> <div>If a group of neighborhood children were skipping school and hanging out on a street corner, how likely is it that your neighbors would do something about it?</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Very likely</td></tr><tr><td>2</td><td>Likely</td></tr><tr><td>3</td><td>Neither likely nor unlikely</td></tr><tr><td>4</td><td>Unlikely</td></tr><tr><td>5</td><td>Very unlikely</td></tr></table>	1	Very likely	2	Likely	3	Neither likely nor unlikely	4	Unlikely	5	Very unlikely
1	Very likely													
2	Likely													
3	Neither likely nor unlikely													
4	Unlikely													
5	Very unlikely													
	1014	cfp_neigh_graffiti	If some children were spray-painting graffiti on a local building, how likely is it that your neighbors would do something about it?	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Very likely</td></tr><tr><td>2</td><td>Likely</td></tr><tr><td>3</td><td>Neither likely nor unlikely</td></tr><tr><td>4</td><td>Unlikely</td></tr><tr><td>5</td><td>Very unlikely</td></tr></table>	1	Very likely	2	Likely	3	Neither likely nor unlikely	4	Unlikely	5	Very unlikely
1	Very likely													
2	Likely													
3	Neither likely nor unlikely													
4	Unlikely													
5	Very unlikely													

	1015	cfp_neigh_disrespect	If a child was showing disrespect to an adult, how likely is it that people in your neighborhood would scold that child?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Very likely</td></tr> <tr><td>2</td><td>Likely</td></tr> <tr><td>3</td><td>Neither likely nor unlikely</td></tr> <tr><td>4</td><td>Unlikely</td></tr> <tr><td>5</td><td>Very unlikely</td></tr> </table>	1	Very likely	2	Likely	3	Neither likely nor unlikely	4	Unlikely	5	Very unlikely
1	Very likely													
2	Likely													
3	Neither likely nor unlikely													
4	Unlikely													
5	Very unlikely													
	1016	cfp_neigh_fight	If there was a fight in front of your house and someone was being beaten or threatened, how likely is it that your neighbors would break it up?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Very likely</td></tr> <tr><td>2</td><td>Likely</td></tr> <tr><td>3</td><td>Neither likely nor unlikely</td></tr> <tr><td>4</td><td>Unlikely</td></tr> <tr><td>5</td><td>Very unlikely</td></tr> </table>	1	Very likely	2	Likely	3	Neither likely nor unlikely	4	Unlikely	5	Very unlikely
1	Very likely													
2	Likely													
3	Neither likely nor unlikely													
4	Unlikely													
5	Very unlikely													
	1017	cfp_neigh_fire_station	Suppose that because of budget cuts the fire station closest to your home was going to be closed down by the city. How likely is it that neighborhood residents would organize to try to do something to keep the fire station open?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Very likely</td></tr> <tr><td>2</td><td>Likely</td></tr> <tr><td>3</td><td>Neither likely nor unlikely</td></tr> <tr><td>4</td><td>Unlikely</td></tr> <tr><td>5</td><td>Very unlikely</td></tr> </table>	1	Very likely	2	Likely	3	Neither likely nor unlikely	4	Unlikely	5	Very unlikely
1	Very likely													
2	Likely													
3	Neither likely nor unlikely													
4	Unlikely													
5	Very unlikely													
	1018	community_family_and_peer_factors_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete													
1	Unverified													
2	Complete													
Instrument: Social Media/Screen Time (social_mediascreen_time)  Enabled as survey ^ Collapse Collapse														
	1019	st_desc	Section Header: <i>Time Spent in Front of a Screen (Tier 2)</i> Child Self-Report (Ages 13+)*/Parent Report About Child	descriptive										
	1020	st_screen_time	ON MOST WEEKDAYS, about how much time did [you/your child] spend in front of a TV, computer, cellphone or other electronic device watching programs, playing games, accessing the Internet or using social media? Do not include time spent doing schoolwork.	radio <table border="1"> <tr><td>1</td><td>Less than 1 hour</td></tr> <tr><td>2</td><td>1 hour</td></tr> <tr><td>3</td><td>2 hours</td></tr> <tr><td>4</td><td>3 hours</td></tr> <tr><td>5</td><td>4 or more hours</td></tr> </table> Custom alignment: LV Field Annotation: National Survey of Children's Health, 2020 Questionnaire *Age group: Modified from Parent Report Using Best Practices Guidance https://mchb.hrsa.gov/data/national-surveys/questionnaires-datasets-supporting-documents	1	Less than 1 hour	2	1 hour	3	2 hours	4	3 hours	5	4 or more hours
1	Less than 1 hour													
2	1 hour													
3	2 hours													
4	3 hours													
5	4 or more hours													
	1021	st_precov2	Compared to before the COVID-19 outbreak (before March 2020), how much are [you/your child] now doing of the following:	descriptive										

1022	st_edu	Spending time watching TV/videos (such as YouTube), playing video/computer games, or using social media for educational purposes, including schoolwork	radio <table border="1"> <tr><td>1</td><td>Less</td></tr> <tr><td>2</td><td>Same amount</td></tr> <tr><td>3</td><td>More</td></tr> </table> Custom alignment: LV Field Annotation: National Survey of Children's Health, 2020 Questionnaire *Age group: Modified from Parent Report Using Best Practices Guidance https://mchb.hrsa.gov/data/national-surveys/questionnaires-datasets-supporting-documents	1	Less	2	Same amount	3	More
1	Less								
2	Same amount								
3	More								
1023	st_non_edu	Spending time watching TV/videos (such as YouTube), playing video/computer games, or using social media for non-educational purposes	radio <table border="1"> <tr><td>1</td><td>Less</td></tr> <tr><td>2</td><td>Same amount</td></tr> <tr><td>3</td><td>More</td></tr> </table> Custom alignment: LV Field Annotation: National Survey of Children's Health, 2020 Questionnaire *Age group: Modified from Parent Report Using Best Practices Guidance https://mchb.hrsa.gov/data/national-surveys/questionnaires-datasets-supporting-documents	1	Less	2	Same amount	3	More
1	Less								
2	Same amount								
3	More								
1024	social_mediascreen_time_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Well-being Factors** (wellbeing_factors) Enabled as survey

[^ Collapse](#)
[Collapse](#)

1025	wb_desc	Well-Being	descriptive										
1026	wb_child_happy	Section Header: <i>Child Self-Report (Ages 13+)</i> Since becoming aware of the COVID-19 outbreak, how often have you felt happy and satisfied with your life	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Very often</td></tr> </table> Field Annotation: ECHO Child Self-Report Age group: used in COVID-19 Questionnaire https://www.nlm.nih.gov/dr2/C19-cPV_COVID-19_Questionnaire-Child_Self-Report_Primary_Version_20200608_v01.31.pdf	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often
1	Not at all												
2	Rarely												
3	Sometimes												
4	Often												
5	Very often												
1027	wb_parentchild_happy	Section Header: <i>Parent about child (Age 1+)</i> Since becoming aware of the COVID-19 outbreak, how often has your child seemed happy and satisfied with his/her life?	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Very often</td></tr> </table> Field Annotation: ECHO Child Self-Report Age group: used in COVID-19 Questionnaire https://www.nlm.nih.gov/dr2/C19-cPV_COVID-19_Questionnaire-Child_Self-Report_Primary_Version_20200608_v01.31.pdf	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often
1	Not at all												
2	Rarely												
3	Sometimes												
4	Often												
5	Very often												

	1028	wb_desc3	Section Header: <i>Well-being (Tier 2)NIH Toolbox Positive Affect Fixed Form v2.0</i> Child Self-Report (Ages 8-12)	descriptive										
	1029	promis_pa002	Section Header: <i>In the past 7 days,</i> I felt attentive	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all													
2	A little bit													
3	Somewhat													
4	Quite a bit													
5	Very much													
	1030	promis_pa006	I felt delighted	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all													
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4	Quite a bit													
5	Very much													
	1031	promis_pa009	I felt calm	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all													
2	A little bit													
3	Somewhat													
4	Quite a bit													
5	Very much													
	1032	promis_pa018	I felt at ease	radio (Matrix) <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all													
2	A little bit													
3	Somewhat													
4	Quite a bit													
5	Very much													

	1033	promis_pa019	I felt enthusiastic	<table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <p>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</p>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much		
1	Not at all															
2	A little bit															
3	Somewhat															
4	Quite a bit															
5	Very much															
	1034	promis_pa021	I felt interested	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <p>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</p>	radio (Matrix)		1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
radio (Matrix)																
1	Not at all															
2	A little bit															
3	Somewhat															
4	Quite a bit															
5	Very much															
	1035	promis_pa022	I felt confident	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <p>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</p>	radio (Matrix)		1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
radio (Matrix)																
1	Not at all															
2	A little bit															
3	Somewhat															
4	Quite a bit															
5	Very much															
	1036	promis_pa023	I felt energetic	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <p>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</p>	radio (Matrix)		1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
radio (Matrix)																
1	Not at all															
2	A little bit															
3	Somewhat															
4	Quite a bit															
5	Very much															

	1037	promis_pa024	I felt able to concentrate	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <div>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</div>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all													
2	A little bit													
3	Somewhat													
4	Quite a bit													
5	Very much													
	1038	promis_pa001	Section Header: <i>Child Self-Report (Ages 13-17) In the past 7 days,</i> I felt cheerful	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <div>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</div>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all													
2	A little bit													
3	Somewhat													
4	Quite a bit													
5	Very much													
	1039	promis_pa002_3bbfd5	I felt attentive	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <div>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</div>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all													
2	A little bit													
3	Somewhat													
4	Quite a bit													
5	Very much													
	1040	promis_pa006_abb89a	I felt delighted	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <div>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</div>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all													
2	A little bit													
3	Somewhat													
4	Quite a bit													
5	Very much													

	1041	promis_pa014	I felt joyful	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <div>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</div>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all													
2	A little bit													
3	Somewhat													
4	Quite a bit													
5	Very much													
	1042	promis_pa018_ebd56b	I felt at ease	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <div>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</div>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all													
2	A little bit													
3	Somewhat													
4	Quite a bit													
5	Very much													
	1043	promis_pa019_b5b366	I felt enthusiastic	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <div>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</div>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all													
2	A little bit													
3	Somewhat													
4	Quite a bit													
5	Very much													
	1044	promis_pa021_c7d229	I felt interested	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <div>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</div>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all													
2	A little bit													
3	Somewhat													
4	Quite a bit													
5	Very much													

	1045	promis_pa030	I felt peaceful	<table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <p>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</p>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much		
1	Not at all															
2	A little bit															
3	Somewhat															
4	Quite a bit															
5	Very much															
	1046	promis_pa037	I felt good-natured	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <p>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</p>	radio (Matrix)		1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
radio (Matrix)																
1	Not at all															
2	A little bit															
3	Somewhat															
4	Quite a bit															
5	Very much															
	1047	promis_pa044	I felt content	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <p>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</p>	radio (Matrix)		1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
radio (Matrix)																
1	Not at all															
2	A little bit															
3	Somewhat															
4	Quite a bit															
5	Very much															
	1048	promis_papxy001	Section Header: <i>Parent Report About Child (Ages 3-12) In the past 7 days,</i> My child was cheerful	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <p>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</p>	radio (Matrix)		1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
radio (Matrix)																
1	Not at all															
2	A little bit															
3	Somewhat															
4	Quite a bit															
5	Very much															

	1049	promis_papxy006	My child was delighted	<table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <p>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</p>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all													
2	A little bit													
3	Somewhat													
4	Quite a bit													
5	Very much													
	1050	promis_papxy007	My child was inspired	<table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <p>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</p>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all													
2	A little bit													
3	Somewhat													
4	Quite a bit													
5	Very much													
	1051	promis_papxy010	My child was happy	<table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <p>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</p>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all													
2	A little bit													
3	Somewhat													
4	Quite a bit													
5	Very much													
	1052	promis_papxy011	My child was alert	<table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <p>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</p>	1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
1	Not at all													
2	A little bit													
3	Somewhat													
4	Quite a bit													
5	Very much													

	1053	promis_papxy014	My child was joyful	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <p>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</p>	radio (Matrix)		1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
radio (Matrix)																
1	Not at all															
2	A little bit															
3	Somewhat															
4	Quite a bit															
5	Very much															
	1054	promis_papxy019	My child was enthusiastic	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <p>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</p>	radio (Matrix)		1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
radio (Matrix)																
1	Not at all															
2	A little bit															
3	Somewhat															
4	Quite a bit															
5	Very much															
	1055	promis_papxy021	My child was interested	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <p>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</p>	radio (Matrix)		1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
radio (Matrix)																
1	Not at all															
2	A little bit															
3	Somewhat															
4	Quite a bit															
5	Very much															
	1056	promis_papxy022	My child was confident	<table><tr><td colspan="2">radio (Matrix)</td></tr><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>A little bit</td></tr><tr><td>3</td><td>Somewhat</td></tr><tr><td>4</td><td>Quite a bit</td></tr><tr><td>5</td><td>Very much</td></tr></table> <p>Field Annotation: NIH Toolbox Positive Affect ABCD COVID-19 Impact Self Report Age group: Validated https://www.healthmeasures.net/search-view-measures?task=Search.search</p>	radio (Matrix)		1	Not at all	2	A little bit	3	Somewhat	4	Quite a bit	5	Very much
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4	Quite a bit															
5	Very much															

1057	wb_stress_child	<div>Section Header: <i>Coping Strategies (Tier 2) Child Self-Report (Ages 13+)</i></div> <div>What have you done to cope with your stress related to the COVID-19 outbreak?</div> <div>Mark all that apply</div>	<div>checkbox</div> <table><tr><td>1</td><td>wb_stress_child__1</td><td>Arts and crafts projects</td></tr><tr><td>2</td><td>wb_stress_child__2</td><td>Cooking/baking</td></tr><tr><td>3</td><td>wb_stress_child__3</td><td>Drinking alcohol</td></tr><tr><td>4</td><td>wb_stress_child__4</td><td>Engaging in more family activities (e.g., games, sports)</td></tr><tr><td>5</td><td>wb_stress_child__5</td><td>Exercising/walking</td></tr><tr><td>6</td><td>wb_stress_child__6</td><td>Increasing time reading books, or doing activities like puzzles and crosswords</td></tr><tr><td>7</td><td>wb_stress_child__7</td><td>Meditation and/or mindfulness practices</td></tr><tr><td>8</td><td>wb_stress_child__8</td><td>Spiritual/religious practices</td></tr><tr><td>9</td><td>wb_stress_child__9</td><td>Talking to my healthcare providers more frequently, including mental healthcare providers (e.g., therapists, psychologists, counselors)</td></tr><tr><td>10</td><td>wb_stress_child__10</td><td>Texting, calling or video-calling family members or friends</td></tr><tr><td>11</td><td>wb_stress_child__11</td><td>Using tobacco (e.g., smoking), using marijuana (e.g., smoking, edibles), vaping</td></tr><tr><td>12</td><td>wb_stress_child__12</td><td>Volunteer work</td></tr><tr><td>0</td><td>wb_stress_child__0</td><td>I have not done any of these things to cope with the COVID-19 outbreak</td></tr></table> <div>Custom alignment: LV</div> <div>Field Annotation: ECHO Child Self-Report Age group: used in COVID-19 Questionnaire Modified to add COVEX responses and WG responses https://www.nlm.nih.gov/dr2/C19-cPV_COVID-19_Questionnaire-Child_Self-Report_Primary_Version_20200608_v01.31.pdf @NONEOFTHEABOVE='0'</div>	1	wb_stress_child__1	Arts and crafts projects	2	wb_stress_child__2	Cooking/baking	3	wb_stress_child__3	Drinking alcohol	4	wb_stress_child__4	Engaging in more family activities (e.g., games, sports)	5	wb_stress_child__5	Exercising/walking	6	wb_stress_child__6	Increasing time reading books, or doing activities like puzzles and crosswords	7	wb_stress_child__7	Meditation and/or mindfulness practices	8	wb_stress_child__8	Spiritual/religious practices	9	wb_stress_child__9	Talking to my healthcare providers more frequently, including mental healthcare providers (e.g., therapists, psychologists, counselors)	10	wb_stress_child__10	Texting, calling or video-calling family members or friends	11	wb_stress_child__11	Using tobacco (e.g., smoking), using marijuana (e.g., smoking, edibles), vaping	12	wb_stress_child__12	Volunteer work	0	wb_stress_child__0	I have not done any of these things to cope with the COVID-19 outbreak
1	wb_stress_child__1	Arts and crafts projects																																								
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12	wb_stress_child__12	Volunteer work																																								
0	wb_stress_child__0	I have not done any of these things to cope with the COVID-19 outbreak																																								


1058	wb_stress_parent	<p>Section Header: <i>Parent Report About Child (Ages 8+)</i></p> <p>Which of the following strategies [have been/were] helpful to YOUR CHILD while staying at home because of the COVID-19 outbreak?</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>wb_stress_parent__1</td><td>Arts and crafts projects</td></tr> <tr><td>2</td><td>wb_stress_parent__2</td><td>Cooking/baking</td></tr> <tr><td>3</td><td>wb_stress_parent__3</td><td>Engaging in more family activities (e.g., games, sports)</td></tr> <tr><td>4</td><td>wb_stress_parent__4</td><td>Exercising/walking</td></tr> <tr><td>5</td><td>wb_stress_parent__5</td><td>Increasing time reading books, or doing activities like puzzles and crosswords</td></tr> <tr><td>6</td><td>wb_stress_parent__6</td><td>Meditation and/or mindfulness practices</td></tr> <tr><td>7</td><td>wb_stress_parent__7</td><td>Spiritual/religious practices</td></tr> <tr><td>8</td><td>wb_stress_parent__8</td><td>Talking to healthcare providers more frequently, including mental healthcare providers (e.g., therapists, psychologists, counselors)</td></tr> <tr><td>9</td><td>wb_stress_parent__9</td><td>Texting, calling or video-calling family members or friends</td></tr> <tr><td>10</td><td>wb_stress_parent__10</td><td>Volunteer work</td></tr> <tr><td>0</td><td>wb_stress_parent__0</td><td>My child has not done any of these things to cope with the COVID-19 outbreak</td></tr> </table> <p>Custom alignment: LV Field Annotation: ECHO Child Self-Report Age group: used in COVID-19 Questionnaire Modified to add COVEX responses and WG responses https://www.nlm.nih.gov/dr2/C19-cPV_COVID-19_Questionnaire-Child_Self-Report_Primary_Version_20200608_v01.31.pdf @NONEOFTHEABOVE=0'</p>	1	wb_stress_parent__1	Arts and crafts projects	2	wb_stress_parent__2	Cooking/baking	3	wb_stress_parent__3	Engaging in more family activities (e.g., games, sports)	4	wb_stress_parent__4	Exercising/walking	5	wb_stress_parent__5	Increasing time reading books, or doing activities like puzzles and crosswords	6	wb_stress_parent__6	Meditation and/or mindfulness practices	7	wb_stress_parent__7	Spiritual/religious practices	8	wb_stress_parent__8	Talking to healthcare providers more frequently, including mental healthcare providers (e.g., therapists, psychologists, counselors)	9	wb_stress_parent__9	Texting, calling or video-calling family members or friends	10	wb_stress_parent__10	Volunteer work	0	wb_stress_parent__0	My child has not done any of these things to cope with the COVID-19 outbreak
1	wb_stress_parent__1	Arts and crafts projects																																		
2	wb_stress_parent__2	Cooking/baking																																		
3	wb_stress_parent__3	Engaging in more family activities (e.g., games, sports)																																		
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10	wb_stress_parent__10	Volunteer work																																		
0	wb_stress_parent__0	My child has not done any of these things to cope with the COVID-19 outbreak																																		
1059	wb_lonely	<p>Section Header: <i>Loneliness (Tier 2) Child Self-Report (Ages 13+)*</i></p> <p>Is your life lonelier because of the COVID-19 pandemic?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Custom alignment: RH Field Annotation: JHU COVID-19 Community Response *Age Group: Modified from Adult Using Best Practices Guidance https://www.phenxtoolkit.org/toolkit_content/PDF/JHU_C4WARD_Social_Distancing.p</p>	1	Yes	0	No																													
1	Yes																																			
0	No																																			
1060	wellbeing_factors_complete	<p>Section Header: <i>Form Status</i></p> <p>Complete?</p>	<p>dropdown</p> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																											
0	Incomplete																																			
1	Unverified																																			
2	Complete																																			

Instrument: **Covid19 Attitudes Behaviors And Experiences** (covid19_attitudes_behaviors_and_experiences) Enabled as survey [^ Collapse](#) [Collapse](#)

1061	cabe_livewith_cov	<p>Section Header: <i>Household COVID-19 Exposure Parent Report About Child/Child Self-Report (Ages 13+)</i></p> <p>During the COVID-19 outbreak (since March 2020), did [you/your child] ever live with someone that was sick with COVID-19?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Not sure, I think someone [I/my child] lived with might have had COVID-19</td></tr> </table> <p>Custom alignment: LV Field Annotation: COVEX *Age group: Modified Using Best Practices Guidance https://www.nlm.nih.gov/dr2/COVEX_05_13_20_FINAL_V1.pdf</p>	1	Yes	0	No	2	Not sure, I think someone [I/my child] lived with might have had COVID-19
1	Yes								
0	No								
2	Not sure, I think someone [I/my child] lived with might have had COVID-19								

1062	cabe_livewith_cov_who Show the field ONLY if: [cabe_livewith_cov] = '1' or [cabe_livewith_cov] = '2'	If yes or not sure, who was this? (select all that may apply)	checkbox <table border="1"> <tr><td>1</td><td>cabe_livewith_cov_who__1</td><td>[My/Child's] Parent</td></tr> <tr><td>2</td><td>cabe_livewith_cov_who__2</td><td>[My/Child's] Sibling</td></tr> <tr><td>3</td><td>cabe_livewith_cov_who__3</td><td>[My/Child's] Grandparent</td></tr> <tr><td>4</td><td>cabe_livewith_cov_who__4</td><td>[My/Child's] Other family members (e.g., aunt, uncle, cousin)</td></tr> <tr><td>5</td><td>cabe_livewith_cov_who__5</td><td>[My/Child's] Roommate</td></tr> <tr><td>96</td><td>cabe_livewith_cov_who__96</td><td>Other</td></tr> </table> <p>Custom alignment: LV Field Annotation: COVEX *Age group: Modified Using Best Practices Guidance https://www.nlm.nih.gov/dr2/COVEX_05_13_20_FINAL_V1.pdf</p>	1	cabe_livewith_cov_who__1	[My/Child's] Parent	2	cabe_livewith_cov_who__2	[My/Child's] Sibling	3	cabe_livewith_cov_who__3	[My/Child's] Grandparent	4	cabe_livewith_cov_who__4	[My/Child's] Other family members (e.g., aunt, uncle, cousin)	5	cabe_livewith_cov_who__5	[My/Child's] Roommate	96	cabe_livewith_cov_who__96	Other
1	cabe_livewith_cov_who__1	[My/Child's] Parent																			
2	cabe_livewith_cov_who__2	[My/Child's] Sibling																			
3	cabe_livewith_cov_who__3	[My/Child's] Grandparent																			
4	cabe_livewith_cov_who__4	[My/Child's] Other family members (e.g., aunt, uncle, cousin)																			
5	cabe_livewith_cov_who__5	[My/Child's] Roommate																			
96	cabe_livewith_cov_who__96	Other																			
1063	cabe_livewith_cov_oth Show the field ONLY if: [cabe_livewith_cov_who(96)]= '1'	Specify Other	text Custom alignment: LH																		
1064	cabe_livewith_cov_die Show the field ONLY if: [cabe_livewith_cov] = '1'	If yes, did any of them die because of COVID-19?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Custom alignment: RH Field Annotation: COVEX *Age group: Modified Using Best Practices Guidance https://www.nlm.nih.gov/dr2/COVEX_05_13_20_FINAL_V1.pdf</p>	1	Yes	0	No														
1	Yes																				
0	No																				
1065	cabe_livewith_cov_die_who Show the field ONLY if: [cabe_livewith_cov_die] = '1'	If yes, who died? (select all that may apply)	checkbox <table border="1"> <tr><td>1</td><td>cabe_livewith_cov_die_who__1</td><td>[My/Child's] Parent</td></tr> <tr><td>2</td><td>cabe_livewith_cov_die_who__2</td><td>[My/Child's] Sibling</td></tr> <tr><td>3</td><td>cabe_livewith_cov_die_who__3</td><td>[My/Child's] Grandparent</td></tr> <tr><td>4</td><td>cabe_livewith_cov_die_who__4</td><td>[My/Child's] Other family members (e.g., aunt, uncle, cousin)</td></tr> <tr><td>5</td><td>cabe_livewith_cov_die_who__5</td><td>[My/Child's] Roommate</td></tr> <tr><td>96</td><td>cabe_livewith_cov_die_who__96</td><td>Other</td></tr> </table> <p>Custom alignment: LV Field Annotation: COVEX *Age group: Modified Using Best Practices Guidance https://www.nlm.nih.gov/dr2/COVEX_05_13_20_FINAL_V1.pdf</p>	1	cabe_livewith_cov_die_who__1	[My/Child's] Parent	2	cabe_livewith_cov_die_who__2	[My/Child's] Sibling	3	cabe_livewith_cov_die_who__3	[My/Child's] Grandparent	4	cabe_livewith_cov_die_who__4	[My/Child's] Other family members (e.g., aunt, uncle, cousin)	5	cabe_livewith_cov_die_who__5	[My/Child's] Roommate	96	cabe_livewith_cov_die_who__96	Other
1	cabe_livewith_cov_die_who__1	[My/Child's] Parent																			
2	cabe_livewith_cov_die_who__2	[My/Child's] Sibling																			
3	cabe_livewith_cov_die_who__3	[My/Child's] Grandparent																			
4	cabe_livewith_cov_die_who__4	[My/Child's] Other family members (e.g., aunt, uncle, cousin)																			
5	cabe_livewith_cov_die_who__5	[My/Child's] Roommate																			
96	cabe_livewith_cov_die_who__96	Other																			
1066	cabe_livewith_cov_die_oth Show the field ONLY if: [cabe_livewith_cov_die_who(96)]= '1'	Specify Other	text Custom alignment: LH																		
1067	cabe_ability_isolate	<p>Section Header: <i>Ability to Isolate (Tier 2) Parent Self-Report</i></p> <p>If it were necessary, could a member of your household isolate themselves from the rest of your household due to suspected COVID-19 infection for as long as needed?</p> <p>To effectively isolate during a COVID-19 infection, the infected family member would need to stay in a specific "sick room" away from other people or animals and, if possible, use a separate bathroom.</p>	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Unknown</td></tr> </table> <p>Custom alignment: LV Field Annotation: Clinical Data Coordination Group (Project 5) CDE Modified to add "due to suspected COVID-19"</p>	1	Yes	0	No	98	Unknown												
1	Yes																				
0	No																				
98	Unknown																				

1068	cabe_cov_serious	<p>Section Header: <i>Belief That COVID is Serious Disease (Tier 2) Parent Self-Report/Child Self-Report (Ages 13+)*</i></p> <p>I believe that COVID-19 is a serious disease.</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> <tr> <td>98</td> <td>Unsure (or don't know)</td> </tr> </table> <p>Custom alignment: LV Field Annotation: CDC COVID-19 Community survey question bank *Age group: Modified Using Best Practices Guidance https://cde.nlm.nih.gov/cde/search?q=serious%20disease</p>	1	Yes	0	No	98	Unsure (or don't know)									
1	Yes																	
0	No																	
98	Unsure (or don't know)																	
1069	cabe_how_protect_cov	<p>Section Header: <i>Adherence to Social Distancing/Face Coverings (Tier 1) Parent Self-Report/Child Self-Report (Ages 13+)*</i></p> <p>To the best of your knowledge, which of the following can protect you and your family from COVID-19? (Mark all that apply)</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>cabe_how_protect_cov__1</td> <td>Standing 6 feet from another person</td> </tr> <tr> <td>2</td> <td>cabe_how_protect_cov__2</td> <td>Wearing a face mask</td> </tr> <tr> <td>3</td> <td>cabe_how_protect_cov__3</td> <td>Working from home</td> </tr> <tr> <td>4</td> <td>cabe_how_protect_cov__4</td> <td>Distance learning (or taking school classes over the computer or remotely)</td> </tr> <tr> <td>5</td> <td>cabe_how_protect_cov__5</td> <td>Vaccination for COVID-19</td> </tr> </table> <p>Custom alignment: LV Field Annotation: CDC COVID-19 Community Survey Question Bank *Age group: Modified Using Best Practices Guidance Modified to prioritize social distancing, mask wearing, vaccination https://cde.nlm.nih.gov/deView?tinyId=rdyjqFW12</p>	1	cabe_how_protect_cov__1	Standing 6 feet from another person	2	cabe_how_protect_cov__2	Wearing a face mask	3	cabe_how_protect_cov__3	Working from home	4	cabe_how_protect_cov__4	Distance learning (or taking school classes over the computer or remotely)	5	cabe_how_protect_cov__5	Vaccination for COVID-19
1	cabe_how_protect_cov__1	Standing 6 feet from another person																
2	cabe_how_protect_cov__2	Wearing a face mask																
3	cabe_how_protect_cov__3	Working from home																
4	cabe_how_protect_cov__4	Distance learning (or taking school classes over the computer or remotely)																
5	cabe_how_protect_cov__5	Vaccination for COVID-19																
1070	cabe_vaxplan_forchild	<p>Section Header: <i>Vaccine Attitudes (Tier 2) Parent Self-Report</i></p> <p>Which of the following applies to your plans about the COVID vaccine for your child(ren)?</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>My child(ren) is/are already vaccinated</td> </tr> <tr> <td>2</td> <td>I plan on getting the COVID vaccine for my child(ren) as soon as it is available</td> </tr> <tr> <td>3</td> <td>I plan on getting the COVID vaccine for my child(ren) eventually</td> </tr> <tr> <td>4</td> <td>I do not plan on getting the COVID vaccine for my child(ren)</td> </tr> <tr> <td>5</td> <td>I am unsure</td> </tr> </table> <p>Custom alignment: LV Field Annotation: Novel Coronavirus (COVID) Illness - Patient Report (NCI-PR) https://disasterinfo.nlm.nih.gov/content/files/COVID_Illness_Patient_Report_NCI-PR.pdf</p>	1	My child(ren) is/are already vaccinated	2	I plan on getting the COVID vaccine for my child(ren) as soon as it is available	3	I plan on getting the COVID vaccine for my child(ren) eventually	4	I do not plan on getting the COVID vaccine for my child(ren)	5	I am unsure					
1	My child(ren) is/are already vaccinated																	
2	I plan on getting the COVID vaccine for my child(ren) as soon as it is available																	
3	I plan on getting the COVID vaccine for my child(ren) eventually																	
4	I do not plan on getting the COVID vaccine for my child(ren)																	
5	I am unsure																	

1071	cabe_vaxplan_novax_why	If you do not plan on getting the COVID vaccine for your child(ren), why not (mark all that apply)?	<div>checkbox</div> <table border="1"> <tr><td>1</td><td>cabe_vaxplan_novax_why__1</td><td>Not available</td></tr> <tr><td>2</td><td>cabe_vaxplan_novax_why__2</td><td>Doctor/healthcare provider did not recommend</td></tr> <tr><td>3</td><td>cabe_vaxplan_novax_why__3</td><td>My friends and family did not recommend</td></tr> <tr><td>4</td><td>cabe_vaxplan_novax_why__4</td><td>I have read information that suggests it is unsafe</td></tr> <tr><td>5</td><td>cabe_vaxplan_novax_why__5</td><td>The vaccine was not well tested in ethnically diverse people</td></tr> <tr><td>6</td><td>cabe_vaxplan_novax_why__6</td><td>The vaccine was not well tested among children</td></tr> <tr><td>7</td><td>cabe_vaxplan_novax_why__7</td><td>I cannot afford the vaccine</td></tr> <tr><td>8</td><td>cabe_vaxplan_novax_why__8</td><td>I do not have time to take my child to be vaccinated</td></tr> <tr><td>9</td><td>cabe_vaxplan_novax_why__9</td><td>My child is at low risk and does not need it</td></tr> <tr><td>10</td><td>cabe_vaxplan_novax_why__10</td><td>It is riskier to go and get it than to stay at home</td></tr> <tr><td>11</td><td>cabe_vaxplan_novax_why__11</td><td>Worried about side effects</td></tr> <tr><td>12</td><td>cabe_vaxplan_novax_why__12</td><td>The vaccine's technology hasn't been tested enough</td></tr> <tr><td>13</td><td>cabe_vaxplan_novax_why__13</td><td>The vaccine was approved too fast</td></tr> <tr><td>14</td><td>cabe_vaxplan_novax_why__14</td><td>No long-term safety data available</td></tr> <tr><td>15</td><td>cabe_vaxplan_novax_why__15</td><td>Concerned about vaccine storage</td></tr> <tr><td>16</td><td>cabe_vaxplan_novax_why__16</td><td>My child already had COVID-19</td></tr> <tr><td>96</td><td>cabe_vaxplan_novax_why__96</td><td>Other (please specify):</td></tr> </table> <div>Custom alignment: LV Field Annotation: Novel Coronavirus (COVID) Illness - Patient Report (NCI-PR) https://disasterinfo.nlm.nih.gov/content/files/COVID_Illness_Patient_Report_NCI-PR.pdf</div>	1	cabe_vaxplan_novax_why__1	Not available	2	cabe_vaxplan_novax_why__2	Doctor/healthcare provider did not recommend	3	cabe_vaxplan_novax_why__3	My friends and family did not recommend	4	cabe_vaxplan_novax_why__4	I have read information that suggests it is unsafe	5	cabe_vaxplan_novax_why__5	The vaccine was not well tested in ethnically diverse people	6	cabe_vaxplan_novax_why__6	The vaccine was not well tested among children	7	cabe_vaxplan_novax_why__7	I cannot afford the vaccine	8	cabe_vaxplan_novax_why__8	I do not have time to take my child to be vaccinated	9	cabe_vaxplan_novax_why__9	My child is at low risk and does not need it	10	cabe_vaxplan_novax_why__10	It is riskier to go and get it than to stay at home	11	cabe_vaxplan_novax_why__11	Worried about side effects	12	cabe_vaxplan_novax_why__12	The vaccine's technology hasn't been tested enough	13	cabe_vaxplan_novax_why__13	The vaccine was approved too fast	14	cabe_vaxplan_novax_why__14	No long-term safety data available	15	cabe_vaxplan_novax_why__15	Concerned about vaccine storage	16	cabe_vaxplan_novax_why__16	My child already had COVID-19	96	cabe_vaxplan_novax_why__96	Other (please specify):
1	cabe_vaxplan_novax_why__1	Not available																																																				
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96	cabe_vaxplan_novax_why__96	Other (please specify):																																																				
1072	cabe_vaxplan_novax_why_oth	Specify other reason	<div>notes</div> <div>Custom alignment: LV</div>																																																			
1073	covid19_attitudes_behaviors_and_experiences_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																													
0	Incomplete																																																					
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2	Complete																																																					
Instrument: COVID-19 Stress and Worry (covid19_stress_and_worry)  Enabled as survey ^ Collapse Collapse																																																						
1074	sw_chdesc	Section Header: <i>Worry/Anxiety About COVID-19 (Tier 2)</i> Child Self-Report (Ages 9+)	descriptive																																																			


	1075	sw_covid_since	<div>Section Header: <i>During the COVID-19 pandemic (since March 2020)</i></div> <div>How worried have you been about coronavirus (COVID-19)?</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr></table> <div>Field Annotation: ABCD Child Self-Report Age group: Used in COVID-19 Questionnaire Modified to add "During the COVID-19 pandemic" https://www.nlm.nih.gov/dr2/ABCD_COVID-19_Impact_Measure-Youth.pdf</div>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely
1	Not at all													
2	Slightly													
3	Moderately													
4	Very													
5	Extremely													
	1076	sw_others_since	<div>How worried have others around you been about coronavirus (COVID-19)?</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr></table> <div>Field Annotation: ABCD Child Self-Report Age group: Used in COVID-19 Questionnaire Modified to add "During the COVID-19 pandemic" https://www.nlm.nih.gov/dr2/ABCD_COVID-19_Impact_Measure-Youth.pdf</div>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely
1	Not at all													
2	Slightly													
3	Moderately													
4	Very													
5	Extremely													
	1077	sw_school_since	<div>How worried have you been about changes to schooling in the 2020-2021 school year (e.g., missing school in-person)?</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr></table> <div>Field Annotation: ABCD Child Self-Report Age group: Used in COVID-19 Questionnaire Modified to add "During the COVID-19 pandemic" https://www.nlm.nih.gov/dr2/ABCD_COVID-19_Impact_Measure-Youth.pdf</div>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely
1	Not at all													
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4	Very													
5	Extremely													
	1078	sw_life_since	<div>How much do you think your life has changed due to coronavirus (COVID-19)?</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr></table> <div>Field Annotation: ABCD Child Self-Report Age group: Used in COVID-19 Questionnaire Modified to add "During the COVID-19 pandemic" https://www.nlm.nih.gov/dr2/ABCD_COVID-19_Impact_Measure-Youth.pdf</div>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely
1	Not at all													
2	Slightly													
3	Moderately													
4	Very													
5	Extremely													

	1079	sw_end_since	How hopeful have you been that the coronavirus/COVID-19 crisis in your area will end soon?	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr></table> <div>Field Annotation: ABCD Child Self-Report Age group: Used in COVID-19 Questionnaire Modified to add "During the COVID-19 pandemic" https://www.nlm.nih.gov/dr2/ABCD_COVID-19_Impact_Measure-Youth.pdf</div>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely
1	Not at all													
2	Slightly													
3	Moderately													
4	Very													
5	Extremely													
	1080	sw_covid_week	<div>Section Header: <i>In the past week:</i></div> <div>How worried have you been about coronavirus (COVID-19)?</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr></table> <div>Field Annotation: ABCD Child Self-Report Age group: Used in COVID-19 Questionnaire Modified to add "During the COVID-19 pandemic" https://www.nlm.nih.gov/dr2/ABCD_COVID-19_Impact_Measure-Youth.pdf</div>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely
1	Not at all													
2	Slightly													
3	Moderately													
4	Very													
5	Extremely													
	1081	sw_others_week	How worried have others around you been about coronavirus (COVID-19)?	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr></table> <div>Field Annotation: ABCD Child Self-Report Age group: Used in COVID-19 Questionnaire Modified to add "During the COVID-19 pandemic" https://www.nlm.nih.gov/dr2/ABCD_COVID-19_Impact_Measure-Youth.pdf</div>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely
1	Not at all													
2	Slightly													
3	Moderately													
4	Very													
5	Extremely													
	1082	sw_school_week	How worried have you been about changes to schooling in the 2020-2021 school year (e.g., missing school in-person)?	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr></table> <div>Field Annotation: ABCD Child Self-Report Age group: Used in COVID-19 Questionnaire Modified to add "During the COVID-19 pandemic" https://www.nlm.nih.gov/dr2/ABCD_COVID-19_Impact_Measure-Youth.pdf</div>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely
1	Not at all													
2	Slightly													
3	Moderately													
4	Very													
5	Extremely													

	1083	sw_life_week	How much do you think your life has changed due to coronavirus (COVID-19)?	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr></table> <div>Field Annotation: ABCD Child Self-Report Age group: Used in COVID-19 Questionnaire Modified to add "During the COVID-19 pandemic" https://www.nlm.nih.gov/dr2/ABCD_COVID-19_Impact_Measure-Youth.pdf</div>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely
1	Not at all													
2	Slightly													
3	Moderately													
4	Very													
5	Extremely													
	1084	sw_end_week	How hopeful have you been that the coronavirus/COVID-19 crisis in your area will end soon?	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Slightly</td></tr><tr><td>3</td><td>Moderately</td></tr><tr><td>4</td><td>Very</td></tr><tr><td>5</td><td>Extremely</td></tr></table> <div>Field Annotation: ABCD Child Self-Report Age group: Used in COVID-19 Questionnaire Modified to add "During the COVID-19 pandemic" https://www.nlm.nih.gov/dr2/ABCD_COVID-19_Impact_Measure-Youth.pdf</div>	1	Not at all	2	Slightly	3	Moderately	4	Very	5	Extremely
1	Not at all													
2	Slightly													
3	Moderately													
4	Very													
5	Extremely													
	1085	sw_chdesc2	Section Header: <i>Stress Related to COVID-19 (Tier 2)</i> Child Self-Report (Ages 13+)	descriptive										
	1086	sw_sleep_since	Section Header: <i>During the COVID-19 pandemic (since March 2020), how often did you:</i> Have difficulty sleeping	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr></table> <div>Field Annotation: ECHO Child Self-Report Age group: Used in COVID-19 Questionnaire Modified to be "During the COVID-19 pandemic" https://www.nlm.nih.gov/dr2/C19-cPV_COVID-19_Questionnaire-Child_Self-Report_Primary_Version_20200608_v01.31.pdf</div>	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often
1	Not at all													
2	Rarely													
3	Sometimes													
4	Often													
5	Very often													
	1087	sw_startle_since	Startle easily	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr></table> <div>Field Annotation: ECHO Child Self-Report Age group: Used in COVID-19 Questionnaire Modified to be "During the COVID-19 pandemic" https://www.nlm.nih.gov/dr2/C19-cPV_COVID-19_Questionnaire-Child_Self-Report_Primary_Version_20200608_v01.31.pdf</div>	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often
1	Not at all													
2	Rarely													
3	Sometimes													
4	Often													
5	Very often													

	1088	sw_angry_since	Have angry outbursts	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr></table> <div>Field Annotation: ECHO Child Self-Report Age group: Used in COVID-19 Questionnaire Modified to be "During the COVID-19 pandemic" https://www.nlm.nih.gov/dr2/C19-cPV_COVID-19_Questionnaire-Child_Self-Report_Primary_Version_20200608_v01.31.pdf</div>	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often
1	Not at all													
2	Rarely													
3	Sometimes													
4	Often													
5	Very often													
	1089	sw_time_since	Feel a sense of time slowing down	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr></table> <div>Field Annotation: ECHO Child Self-Report Age group: Used in COVID-19 Questionnaire Modified to be "During the COVID-19 pandemic" https://www.nlm.nih.gov/dr2/C19-cPV_COVID-19_Questionnaire-Child_Self-Report_Primary_Version_20200608_v01.31.pdf</div>	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often
1	Not at all													
2	Rarely													
3	Sometimes													
4	Often													
5	Very often													
	1090	sw_daze_since	Feel in a daze	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr></table> <div>Field Annotation: ECHO Child Self-Report Age group: Used in COVID-19 Questionnaire Modified to be "During the COVID-19 pandemic" https://www.nlm.nih.gov/dr2/C19-cPV_COVID-19_Questionnaire-Child_Self-Report_Primary_Version_20200608_v01.31.pdf</div>	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often
1	Not at all													
2	Rarely													
3	Sometimes													
4	Often													
5	Very often													
	1091	sw_avoid_feel_since	Try to avoid thoughts and feelings about COVID-19	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Not at all</td></tr><tr><td>2</td><td>Rarely</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Very often</td></tr></table> <div>Field Annotation: ECHO Child Self-Report Age group: Used in COVID-19 Questionnaire Modified to be "During the COVID-19 pandemic" https://www.nlm.nih.gov/dr2/C19-cPV_COVID-19_Questionnaire-Child_Self-Report_Primary_Version_20200608_v01.31.pdf</div>	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often
1	Not at all													
2	Rarely													
3	Sometimes													
4	Often													
5	Very often													

1092	sw_avoid_read_since	Try to avoid reading or watching information about COVID-19	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Very often</td></tr> </table> <p>Field Annotation: ECHO Child Self-Report Age group: Used in COVID-19 Questionnaire Modified to be "During the COVID-19 pandemic" https://www.nlm.nih.gov/dr2/C19-cPV_COVID-19_Questionnaire-Child_Self-Report_Primary_Version_20200608_v01.31.pdf</p>	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often
1	Not at all												
2	Rarely												
3	Sometimes												
4	Often												
5	Very often												
1093	sw_dreams_since	Have distressing dreams about COVID-19	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Very often</td></tr> </table> <p>Field Annotation: ECHO Child Self-Report Age group: Used in COVID-19 Questionnaire Modified to be "During the COVID-19 pandemic" https://www.nlm.nih.gov/dr2/C19-cPV_COVID-19_Questionnaire-Child_Self-Report_Primary_Version_20200608_v01.31.pdf</p>	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often
1	Not at all												
2	Rarely												
3	Sometimes												
4	Often												
5	Very often												
1094	sw_distress_since	Feel distressed when you saw something that reminded you of COVID-19	radio (Matrix) <table border="1"> <tr><td>1</td><td>Not at all</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Very often</td></tr> </table> <p>Field Annotation: ECHO Child Self-Report Age group: Used in COVID-19 Questionnaire Modified to be "During the COVID-19 pandemic" https://www.nlm.nih.gov/dr2/C19-cPV_COVID-19_Questionnaire-Child_Self-Report_Primary_Version_20200608_v01.31.pdf</p>	1	Not at all	2	Rarely	3	Sometimes	4	Often	5	Very often
1	Not at all												
2	Rarely												
3	Sometimes												
4	Often												
5	Very often												
1095	covid19_stress_and_worry_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												

Instrument: **Health Related Behaviors** (health_related_behaviors)  Enabled as survey ^ Collapse Collapse


	1096	hrb_childexercise	<p>Section Header: <i>Physical Activity (Tier 2) Parent Report About Child (Ages 5+)</i></p> <p>During the past week, on how many days did this child exercise, play a sport, or participate in physical activity (including physical education classes) for at least 60 minutes?</p>	<table><tr><td colspan="2">radio</td></tr><tr><td>0</td><td>0 days</td></tr><tr><td>1</td><td>1-3 days</td></tr><tr><td>2</td><td>4-6 days</td></tr><tr><td>3</td><td>Every day</td></tr></table> <p>Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add a "during the pandemic" question and added (including PE) https://mchb.hrsa.gov/data/national-surveys/questionnaires-datasets-supporting-documents</p>	radio		0	0 days	1	1-3 days	2	4-6 days	3	Every day						
radio																				
0	0 days																			
1	1-3 days																			
2	4-6 days																			
3	Every day																			
	1097	hrb_childexercise_change	<p>How has this changed compared to before the COVID-19 outbreak (before March 2020)?</p>	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>Fewer days</td></tr><tr><td>2</td><td>Same number of days</td></tr><tr><td>3</td><td>More days</td></tr><tr><td>98</td><td>Don't know</td></tr></table> <p>Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add a "during the pandemic" question and added (including PE) https://mchb.hrsa.gov/data/national-surveys/questionnaires-datasets-supporting-documents</p>	radio		1	Fewer days	2	Same number of days	3	More days	98	Don't know						
radio																				
1	Fewer days																			
2	Same number of days																			
3	More days																			
98	Don't know																			
	1098	hrb_qualitysleepchange	<p>Section Header: <i>Sleep Quality Child Self-Report (Ages 13+)*</i></p> <p>How has your quality of sleep changed compared to before the COVID-19 outbreak (before March 2020)?</p>	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>It's gotten a lot worse</td></tr><tr><td>2</td><td>It's gotten a little worse</td></tr><tr><td>3</td><td>Stayed the same</td></tr><tr><td>4</td><td>It's gotten a little better</td></tr><tr><td>5</td><td>It's gotten a lot better</td></tr></table> <p>Field Annotation: P960301 *Age Group: Modified Using Best Practices Guidance https://www.phenxtoolkit.org/protocols/view/960301</p>	radio		1	It's gotten a lot worse	2	It's gotten a little worse	3	Stayed the same	4	It's gotten a little better	5	It's gotten a lot better				
radio																				
1	It's gotten a lot worse																			
2	It's gotten a little worse																			
3	Stayed the same																			
4	It's gotten a little better																			
5	It's gotten a lot better																			
	1099	sw_addtlguide	<p>Additional Guidance: DSM-5 Cross-Cutting Symptom Measure (below) also covers sleep problems and refers to subsequent PROMIS measures for sleep impairment.</p>	<p>descriptive</p>																
	1100	hrb_desc1	<p>Section Header: <i>Sleep Duration (Tier 2) Child Self-Report (Ages 13+)*/Parent Report About Child</i></p> <p>Consider the question as pertaining to the last week in your/your child's life.</p>	<p>descriptive</p> <p>Field Annotation: ABCD COVID-19 Impact Parent Report *Age Group: Modified Using Best Practices Guidance https://www.nlm.nih.gov/dr2/ABCD_COVID-19_Impact_Measure-Parent.pdf</p>																
	1101	hrb_hrssleep	<p>How many hours of sleep did you/your child get on most nights?</p>	<table><tr><td colspan="2">radio</td></tr><tr><td>1</td><td>More than 11 hours</td></tr><tr><td>2</td><td>9-11 hours</td></tr><tr><td>3</td><td>8-9 hours</td></tr><tr><td>4</td><td>7-8 hours</td></tr><tr><td>5</td><td>5-7 hours</td></tr><tr><td>6</td><td>Less than 5 hours</td></tr><tr><td>98</td><td>Don't know</td></tr></table> <p>Field Annotation: ABCD COVID-19 Impact Parent Report *Age Group: Modified Using Best Practices Guidance https://www.nlm.nih.gov/dr2/ABCD_COVID-19_Impact_Measure-Parent.pdf</p>	radio		1	More than 11 hours	2	9-11 hours	3	8-9 hours	4	7-8 hours	5	5-7 hours	6	Less than 5 hours	98	Don't know
radio																				
1	More than 11 hours																			
2	9-11 hours																			
3	8-9 hours																			
4	7-8 hours																			
5	5-7 hours																			
6	Less than 5 hours																			
98	Don't know																			

	1102	hrb_hrssleep_change	How has this changed compared to before the COVID-19 outbreak (before March 2020)?	<div>radio</div> <table><tr><td>1</td><td>Less time</td></tr><tr><td>2</td><td>Same time</td></tr><tr><td>3</td><td>More time</td></tr><tr><td>98</td><td>Don't know</td></tr></table> <div>Field Annotation: ABCD COVID-19 Impact Parent Report *Age Group: Modified Using Best Practices Guidance https://www.nlm.nih.gov/dr2/ABCD_COVID-19_Impact_Measure-Parent.pdf</div>	1	Less time	2	Same time	3	More time	98	Don't know
1	Less time											
2	Same time											
3	More time											
98	Don't know											
	1103	hrb_tourette	<div>Section Header: <i>Baseline Child Health [also covered in Joint Group Discussion section] Parent Report About Child Has a doctor or other health care provider EVER told you that this child has...</i></div> <div>Tourette Syndrome</div>	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add "Chronic fatigue", "PTSD", "Suicidal thoughts or behaviors" and "mania or bipolar disorder"</div>	1	Yes	0	No				
1	Yes											
0	No											
	1104	hrb_tourette_curr <div>Show the field ONLY if: [hrb_tourette] = '1'</div>	if yes, does this child CURRENTLY have the condition?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add "Chronic fatigue", "PTSD", "Suicidal thoughts or behaviors" and "mania or bipolar disorder"</div>	1	Yes	0	No				
1	Yes											
0	No											
	1105	hrb_depression	Depression	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add "Chronic fatigue", "PTSD", "Suicidal thoughts or behaviors" and "mania or bipolar disorder"</div>	1	Yes	0	No				
1	Yes											
0	No											
	1106	hrb_depression_curr <div>Show the field ONLY if: [hrb_depression]='1'</div>	if yes, does this child CURRENTLY have the condition?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add "Chronic fatigue", "PTSD", "Suicidal thoughts or behaviors" and "mania or bipolar disorder"</div>	1	Yes	0	No				
1	Yes											
0	No											
	1107	hrb_anxiety	Anxiety problems	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add "Chronic fatigue", "PTSD", "Suicidal thoughts or behaviors" and "mania or bipolar disorder"</div>	1	Yes	0	No				
1	Yes											
0	No											

	1108	hrb_anxiety_curr Show the field ONLY if: [hrb_anxiety]='1'	if yes, does this child CURRENTLY have the condition?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add "Chronic fatigue", "PTSD", "Suicidal thoughts or behaviors" and "mania or bipolar disorder"	1	Yes	0	No
1	Yes							
0	No							
	1109	hrb_autism	Autism or Autism Spectrum Disorder (ASD), Asperger's Disorder, Pervasive Developmental Disorder (PDD)	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add "Chronic fatigue", "PTSD", "Suicidal thoughts or behaviors" and "mania or bipolar disorder"	1	Yes	0	No
1	Yes							
0	No							
	1110	hrb_autism_curr Show the field ONLY if: [hrb_autism]='1'	if yes, does this child CURRENTLY have the condition?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add "Chronic fatigue", "PTSD", "Suicidal thoughts or behaviors" and "mania or bipolar disorder"	1	Yes	0	No
1	Yes							
0	No							
	1111	hrb_add_adhd	Attention Deficit Disorder or Attention Deficit Hyperactive Disorder (ADD/ADHD)*	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add "Chronic fatigue", "PTSD", "Suicidal thoughts or behaviors" and "mania or bipolar disorder"	1	Yes	0	No
1	Yes							
0	No							
	1112	hrb_add_adhd_curr Show the field ONLY if: [hrb_add_adhd]='1'	if yes, does this child CURRENTLY have the condition?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add "Chronic fatigue", "PTSD", "Suicidal thoughts or behaviors" and "mania or bipolar disorder"	1	Yes	0	No
1	Yes							
0	No							
	1113	hrb_chronicfatigue	Chronic fatigue	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add "Chronic fatigue", "PTSD", "Suicidal thoughts or behaviors" and "mania or bipolar disorder"	1	Yes	0	No
1	Yes							
0	No							

	1114	hrb_chronicfatigue_curr Show the field ONLY if: [hrb_chronicfatigue]='1'	if yes, does this child CURRENTLY have the condition?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add "Chronic fatigue", "PTSD", "Suicidal thoughts or behaviors" and "mania or bipolar disorder"	1	Yes	0	No
1	Yes							
0	No							
	1115	hrb_ptsd	Post-traumatic stress disorder (PTSD)	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add "Chronic fatigue", "PTSD", "Suicidal thoughts or behaviors" and "mania or bipolar disorder"	1	Yes	0	No
1	Yes							
0	No							
	1116	hrb_ptsd_curr Show the field ONLY if: [hrb_ptsd]='1'	if yes, does this child CURRENTLY have the condition?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add "Chronic fatigue", "PTSD", "Suicidal thoughts or behaviors" and "mania or bipolar disorder"	1	Yes	0	No
1	Yes							
0	No							
	1117	hrb_suicidal	Suicidal thoughts or behaviors	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add "Chronic fatigue", "PTSD", "Suicidal thoughts or behaviors" and "mania or bipolar disorder"	1	Yes	0	No
1	Yes							
0	No							
	1118	hrb_suicidal_curr Show the field ONLY if: [hrb_suicidal]='1'	if yes, does this child CURRENTLY have the condition?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add "Chronic fatigue", "PTSD", "Suicidal thoughts or behaviors" and "mania or bipolar disorder"	1	Yes	0	No
1	Yes							
0	No							
	1119	hrb_mania_bipolar	Mania or bipolar disorder	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add "Chronic fatigue", "PTSD", "Suicidal thoughts or behaviors" and "mania or bipolar disorder"	1	Yes	0	No
1	Yes							
0	No							

	1120	hrb_mania_bipolar_curr Show the field ONLY if: [hrb_mania_bipolar]='1'	if yes, does this child CURRENTLY have the condition?	yesno 1 Yes 0 No Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add "Chronic fatigue", "PTSD", "Suicidal thoughts or behaviors" and "mania or bipolar disorder"
	1121	hrb_behavdisord	Section Header: <i>Has a doctor, other health care provider, or educator EVER told you that this child has...</i> Behavioral disorder or conduct problems	yesno 1 Yes 0 No Custom alignment: RH
	1122	hrb_behavdisord_curr Show the field ONLY if: [hrb_behavdisord]='1'	if yes, does this child CURRENTLY have the condition?	yesno 1 Yes 0 No Custom alignment: RH
	1123	hrb_devdelay	Developmental delay	yesno 1 Yes 0 No Custom alignment: RH
	1124	hrb_devdelay_curr Show the field ONLY if: [hrb_devdelay]='1'	if yes, does this child CURRENTLY have the condition?	yesno 1 Yes 0 No Custom alignment: RH
	1125	hrb_intelldisability	Intellectual disability (formerly known as mental retardation)	yesno 1 Yes 0 No Custom alignment: RH
	1126	hrb_intelldisability_curr Show the field ONLY if: [hrb_intelldisability]='1'	if yes, does this child CURRENTLY have the condition?	yesno 1 Yes 0 No Custom alignment: RH
	1127	hrb_speechdisorder	Speech or other language disorder	yesno 1 Yes 0 No Custom alignment: RH

	1128	hrb_speechdisorder_curr Show the field ONLY if: [hrb_speechdisorder]='1'	if yes, does this child CURRENTLY have the condition?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No						
1	Yes													
0	No													
	1129	hrb_learndisability	Learning disability	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No						
1	Yes													
0	No													
	1130	hrb_learndisability_curr Show the field ONLY if: [hrb_learndisability]='1'	if yes, does this child CURRENTLY have the condition?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No						
1	Yes													
0	No													
	1131	health_related_behaviors_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete													
1	Unverified													
2	Complete													
Instrument: Mental And Behavioral Health (mental_and_behavioral_health)  Enabled as survey ⤴ Collapse Collapse														
	1132	mbh_p_self	Section Header: <i>Overall Physical and Mental/Emotional Health Note: Collect BOTH Parent-Self Report and either Child-Self Report or Parent Report About Child</i> Parent Self-Report	descriptive Field Annotation: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4177165/ National Survey of Children's Health										
	1133	mbh_p_self_physhealth	In general, how is your physical health?	radio (Matrix) <table><tr><td>5</td><td>Excellent</td></tr><tr><td>4</td><td>Very good</td></tr><tr><td>3</td><td>Good</td></tr><tr><td>2</td><td>Fair</td></tr><tr><td>1</td><td>Poor</td></tr></table>	5	Excellent	4	Very good	3	Good	2	Fair	1	Poor
5	Excellent													
4	Very good													
3	Good													
2	Fair													
1	Poor													
	1134	mbh_p_self_mentalhealth	In general, how is your mental or emotional health?	radio (Matrix) <table><tr><td>5</td><td>Excellent</td></tr><tr><td>4</td><td>Very good</td></tr><tr><td>3</td><td>Good</td></tr><tr><td>2</td><td>Fair</td></tr><tr><td>1</td><td>Poor</td></tr></table>	5	Excellent	4	Very good	3	Good	2	Fair	1	Poor
5	Excellent													
4	Very good													
3	Good													
2	Fair													
1	Poor													
	1135	mbh_p_abtch	Parent Report About Child	descriptive Field Annotation: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4177165/ National Survey of Children's Health										

	1136	mbh_p_abtch_physhealth	In general, how is your child's physical health?	radio (Matrix) 5 Excellent 4 Very good 3 Good 2 Fair 1 Poor
	1137	mbh_p_abtch_mentalhealth	In general, how is your child's mental or emotional health?	radio (Matrix) 5 Excellent 4 Very good 3 Good 2 Fair 1 Poor
	1138	mbh_ch_self	Child Self-Report (Ages 8+)	descriptive Field Annotation: PROMIS Global Health Pediatric Scale v1.0 Age Group: Validated
	1139	mbh_ch_self_physhealth	In general, how would you rate your physical health?	radio (Matrix) 5 Excellent 4 Very good 3 Good 2 Fair 1 Poor
	1140	mbh_ch_self_mentalhealth	In general, how would you rate your mental health, including your mood and your ability to think?	radio (Matrix) 5 Excellent 4 Very good 3 Good 2 Fair 1 Poor
	1141	mbh_dsm5	<p>Section Header: Current Mental Health Symptoms</p> <p>Tier 1: DSM-5 Cross-cutting Symptom Measure, PROMIS Depressive Symptoms, PROMIS Anxiety, PROMIS Fatigue</p> <p>Tier 2: CRIES-8 Trauma, RCADS, PROMIS Pain Interference, Externalizing Symptoms</p> <p>Additional Guidance: For younger children (Ages 1-5), the Working Group recommends using the PROMIS Early Childhood parent report measures for Anxiety, Anger/Irritability, Depressive Symptoms, Sleep Health, and Global Health found on HealthMeasures. PROMIS Early Childhood does not yet cover Fatigue or Pain Interference. Organized below by: 1) Parent Report About Child (all measures except Trauma) 2) Child Self-Report</p> <p>Parent Report About Child: Current Mental Health Symptoms</p> <p>Tier 1: DSM-5 Cross-Cutting Symptom Measure (Ages 6-17)</p> <p>The National Institute of Mental Health (NIMH) in consultation with the Wellcome Trust and other funders of mental health research has identified the DSM-5 Cross-Cutting Symptom Measure as part of a minimal list of data collection instruments that would be ideal for use by all mental health researchers conducting clinical research to facilitate and harmonize mental health data collection. These measures have been selected using either the PhenX consensus process (https://www.phenxtoolkit.org/collections/view/1) or the International Consortium for Health Outcomes Measurement (ICHOM) (https://www.ichom.org/resource-library/category/condition-specific-resources/depression-anxiety/) with additional consideration for successful use of the measures in various countries.</p>	descriptive Field Annotation: DSM-5 https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures Age Group: Validated

1142	mbh_p_abtch_somatic1	<p>Section Header: <i>During the past TWO (2) WEEKS, how much (or how often) has your child</i></p> <p>1. Complained of stomach aches, headaches, or other aches and pains?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>0-None Not at all</td></tr> <tr><td>1</td><td>1-Slight Rare less than a day or two</td></tr> <tr><td>2</td><td>2-Mild Several days</td></tr> <tr><td>3</td><td>3-Moderate More than half the days</td></tr> <tr><td>4</td><td>4-Severe Nearly every day</td></tr> </table>	0	0-None Not at all	1	1-Slight Rare less than a day or two	2	2-Mild Several days	3	3-Moderate More than half the days	4	4-Severe Nearly every day
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2	2-Mild Several days												
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4	4-Severe Nearly every day												
1143	mbh_p_abtch_somatic2	<p>2. Said he/she was worried about his/her health or about getting sick?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>0-None Not at all</td></tr> <tr><td>1</td><td>1-Slight Rare less than a day or two</td></tr> <tr><td>2</td><td>2-Mild Several days</td></tr> <tr><td>3</td><td>3-Moderate More than half the days</td></tr> <tr><td>4</td><td>4-Severe Nearly every day</td></tr> </table>	0	0-None Not at all	1	1-Slight Rare less than a day or two	2	2-Mild Several days	3	3-Moderate More than half the days	4	4-Severe Nearly every day
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2	2-Mild Several days												
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4	4-Severe Nearly every day												
1144	mbh_p_abtch_somaticscore	I. Somatic Symptoms - Highest Domain Score (clinician)	text (integer)										
1145	mbh_p_abtch_sleep1	<p>Section Header: <i>II.</i></p> <p>3. Had problems sleeping-that is, trouble falling asleep, staying asleep, or waking up too early?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>0-None Not at all</td></tr> <tr><td>1</td><td>1-Slight Rare less than a day or two</td></tr> <tr><td>2</td><td>2-Mild Several days</td></tr> <tr><td>3</td><td>3-Moderate More than half the days</td></tr> <tr><td>4</td><td>4-Severe Nearly every day</td></tr> </table>	0	0-None Not at all	1	1-Slight Rare less than a day or two	2	2-Mild Several days	3	3-Moderate More than half the days	4	4-Severe Nearly every day
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4	4-Severe Nearly every day												
1146	mbh_p_abtch_sleepscore	II. Sleep Problems - Highest Domain Score (clinician)	text (integer)										
1147	mbh_p_abtch_inatten_1	<p>Section Header: <i>III.</i></p> <p>4. Had problems paying attention when he/she was in class or doing his/her homework or reading a book or playing a game?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>0-None Not at all</td></tr> <tr><td>1</td><td>1-Slight Rare less than a day or two</td></tr> <tr><td>2</td><td>2-Mild Several days</td></tr> <tr><td>3</td><td>3-Moderate More than half the days</td></tr> <tr><td>4</td><td>4-Severe Nearly every day</td></tr> </table>	0	0-None Not at all	1	1-Slight Rare less than a day or two	2	2-Mild Several days	3	3-Moderate More than half the days	4	4-Severe Nearly every day
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2	2-Mild Several days												
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1148	mbh_p_abtch_inattenscore	III. Inattention - Highest Domain Score (clinician)	text (integer)										
1149	mbh_p_abtch_depress_1	<p>Section Header: <i>IV.</i></p> <p>5. Had less fun doing things than he/she used to?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>0-None Not at all</td></tr> <tr><td>1</td><td>1-Slight Rare less than a day or two</td></tr> <tr><td>2</td><td>2-Mild Several days</td></tr> <tr><td>3</td><td>3-Moderate More than half the days</td></tr> <tr><td>4</td><td>4-Severe Nearly every day</td></tr> </table>	0	0-None Not at all	1	1-Slight Rare less than a day or two	2	2-Mild Several days	3	3-Moderate More than half the days	4	4-Severe Nearly every day
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2	2-Mild Several days												
3	3-Moderate More than half the days												
4	4-Severe Nearly every day												
1150	mbh_p_abtch_depress_2	6. Seemed sad or depressed for several hours?	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>0-None Not at all</td></tr> <tr><td>1</td><td>1-Slight Rare less than a day or two</td></tr> <tr><td>2</td><td>2-Mild Several days</td></tr> <tr><td>3</td><td>3-Moderate More than half the days</td></tr> <tr><td>4</td><td>4-Severe Nearly every day</td></tr> </table>	0	0-None Not at all	1	1-Slight Rare less than a day or two	2	2-Mild Several days	3	3-Moderate More than half the days	4	4-Severe Nearly every day
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4	4-Severe Nearly every day												
1151	mbh_p_abtch_depressscore	IV. Depression - Highest Domain Score (clinician)	text (integer)										

1152	mbh_p_abtch_anger_1	Section Header: <i>V. & VI.</i> 7. Seemed more irritated or easily annoyed than usual?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0-None Not at all</td></tr> <tr><td>1</td><td>1-Slight Rare less than a day or two</td></tr> <tr><td>2</td><td>2-Mild Several days</td></tr> <tr><td>3</td><td>3-Moderate More than half the days</td></tr> <tr><td>4</td><td>4-Severe Nearly every day</td></tr> </table>	0	0-None Not at all	1	1-Slight Rare less than a day or two	2	2-Mild Several days	3	3-Moderate More than half the days	4	4-Severe Nearly every day
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1	1-Slight Rare less than a day or two												
2	2-Mild Several days												
3	3-Moderate More than half the days												
4	4-Severe Nearly every day												
1153	mbh_p_abtch_anger_2	8. Seemed angry or lost his/her temper?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0-None Not at all</td></tr> <tr><td>1</td><td>1-Slight Rare less than a day or two</td></tr> <tr><td>2</td><td>2-Mild Several days</td></tr> <tr><td>3</td><td>3-Moderate More than half the days</td></tr> <tr><td>4</td><td>4-Severe Nearly every day</td></tr> </table>	0	0-None Not at all	1	1-Slight Rare less than a day or two	2	2-Mild Several days	3	3-Moderate More than half the days	4	4-Severe Nearly every day
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1154	mbh_p_abtch_angerscore	V. Anger & VI. Irritability - Highest Domain Score (clinician)	text (integer)										
1155	mbh_p_abtch_mania_1	Section Header: <i>VII.</i> 9. Started lots more projects than usual or did more risky things than usual?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0-None Not at all</td></tr> <tr><td>1</td><td>1-Slight Rare less than a day or two</td></tr> <tr><td>2</td><td>2-Mild Several days</td></tr> <tr><td>3</td><td>3-Moderate More than half the days</td></tr> <tr><td>4</td><td>4-Severe Nearly every day</td></tr> </table>	0	0-None Not at all	1	1-Slight Rare less than a day or two	2	2-Mild Several days	3	3-Moderate More than half the days	4	4-Severe Nearly every day
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1156	mbh_p_abtch_mania_2	10. Slept less than usual for him/her but still had lots of energy?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0-None Not at all</td></tr> <tr><td>1</td><td>1-Slight Rare less than a day or two</td></tr> <tr><td>2</td><td>2-Mild Several days</td></tr> <tr><td>3</td><td>3-Moderate More than half the days</td></tr> <tr><td>4</td><td>4-Severe Nearly every day</td></tr> </table>	0	0-None Not at all	1	1-Slight Rare less than a day or two	2	2-Mild Several days	3	3-Moderate More than half the days	4	4-Severe Nearly every day
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1157	mbh_p_abtch_maniacscore	VII. Mania Highest - Domain Score (clinician)	text (integer)										
1158	mbh_p_abtch_anxiety1	Section Header: <i>VIII.</i> 11. Said he/she felt nervous, anxious, or scared?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0-None Not at all</td></tr> <tr><td>1</td><td>1-Slight Rare less than a day or two</td></tr> <tr><td>2</td><td>2-Mild Several days</td></tr> <tr><td>3</td><td>3-Moderate More than half the days</td></tr> <tr><td>4</td><td>4-Severe Nearly every day</td></tr> </table>	0	0-None Not at all	1	1-Slight Rare less than a day or two	2	2-Mild Several days	3	3-Moderate More than half the days	4	4-Severe Nearly every day
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4	4-Severe Nearly every day												
1159	mbh_p_abtch_anxiety2	12. Not been able to stop worrying?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0-None Not at all</td></tr> <tr><td>1</td><td>1-Slight Rare less than a day or two</td></tr> <tr><td>2</td><td>2-Mild Several days</td></tr> <tr><td>3</td><td>3-Moderate More than half the days</td></tr> <tr><td>4</td><td>4-Severe Nearly every day</td></tr> </table>	0	0-None Not at all	1	1-Slight Rare less than a day or two	2	2-Mild Several days	3	3-Moderate More than half the days	4	4-Severe Nearly every day
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	1160	mbh_p_abtch_anxiety3	13. Said he/she couldnt do things he/she wanted to or should have done, because they made him/her feel nervous?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0-None Not at all</td></tr> <tr><td>1</td><td>1-Slight Rare less than a day or two</td></tr> <tr><td>2</td><td>2-Mild Several days</td></tr> <tr><td>3</td><td>3-Moderate More than half the days</td></tr> <tr><td>4</td><td>4-Severe Nearly every day</td></tr> </table>	0	0-None Not at all	1	1-Slight Rare less than a day or two	2	2-Mild Several days	3	3-Moderate More than half the days	4	4-Severe Nearly every day
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	1161	mbh_p_abtch_anxiety3score	VIII. Anxiety Highest - Domain Score (clinician)	text (integer)										
	1162	mbh_p_abtch_psychosis1	Section Header: <i>IX.</i> 14. Said that he/she heard voices - when there was no one there - speaking about him/her or telling him/her what to do or saying bad things to him/her?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0-None Not at all</td></tr> <tr><td>1</td><td>1-Slight Rare less than a day or two</td></tr> <tr><td>2</td><td>2-Mild Several days</td></tr> <tr><td>3</td><td>3-Moderate More than half the days</td></tr> <tr><td>4</td><td>4-Severe Nearly every day</td></tr> </table>	0	0-None Not at all	1	1-Slight Rare less than a day or two	2	2-Mild Several days	3	3-Moderate More than half the days	4	4-Severe Nearly every day
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	1163	mbh_p_abtch_psychosis2	15. Said that he/she had a vision when he/she was completely awake - that is, saw something or someone that no one else could see?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0-None Not at all</td></tr> <tr><td>1</td><td>1-Slight Rare less than a day or two</td></tr> <tr><td>2</td><td>2-Mild Several days</td></tr> <tr><td>3</td><td>3-Moderate More than half the days</td></tr> <tr><td>4</td><td>4-Severe Nearly every day</td></tr> </table>	0	0-None Not at all	1	1-Slight Rare less than a day or two	2	2-Mild Several days	3	3-Moderate More than half the days	4	4-Severe Nearly every day
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	1164	mbh_p_abtch_psychosis3score	IX. Psychosis - Highest Domain Score (clinician)	text (integer)										
	1165	mbh_p_abtch_reptho1	Section Header: <i>X.</i> 16. Said that he/she had thoughts that kept coming into his/her mind that he/she would do something bad or that something bad would happen to him/her or to someone else?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0-None Not at all</td></tr> <tr><td>1</td><td>1-Slight Rare less than a day or two</td></tr> <tr><td>2</td><td>2-Mild Several days</td></tr> <tr><td>3</td><td>3-Moderate More than half the days</td></tr> <tr><td>4</td><td>4-Severe Nearly every day</td></tr> </table>	0	0-None Not at all	1	1-Slight Rare less than a day or two	2	2-Mild Several days	3	3-Moderate More than half the days	4	4-Severe Nearly every day
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4	4-Severe Nearly every day													
	1166	mbh_p_abtch_reptho2	17. Said he/she felt the need to check on certain things over and over again, like whether a door was locked or whether the stove was turned off?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0-None Not at all</td></tr> <tr><td>1</td><td>1-Slight Rare less than a day or two</td></tr> <tr><td>2</td><td>2-Mild Several days</td></tr> <tr><td>3</td><td>3-Moderate More than half the days</td></tr> <tr><td>4</td><td>4-Severe Nearly every day</td></tr> </table>	0	0-None Not at all	1	1-Slight Rare less than a day or two	2	2-Mild Several days	3	3-Moderate More than half the days	4	4-Severe Nearly every day
0	0-None Not at all													
1	1-Slight Rare less than a day or two													
2	2-Mild Several days													
3	3-Moderate More than half the days													
4	4-Severe Nearly every day													
	1167	mbh_p_abtch_reptho3	18. Seemed to worry a lot about things he/she touched being dirty or having germs or being poisoned?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0-None Not at all</td></tr> <tr><td>1</td><td>1-Slight Rare less than a day or two</td></tr> <tr><td>2</td><td>2-Mild Several days</td></tr> <tr><td>3</td><td>3-Moderate More than half the days</td></tr> <tr><td>4</td><td>4-Severe Nearly every day</td></tr> </table>	0	0-None Not at all	1	1-Slight Rare less than a day or two	2	2-Mild Several days	3	3-Moderate More than half the days	4	4-Severe Nearly every day
0	0-None Not at all													
1	1-Slight Rare less than a day or two													
2	2-Mild Several days													
3	3-Moderate More than half the days													
4	4-Severe Nearly every day													

	1168	mbh_p_abtch_reptho4	19. Said that he/she had to do things in a certain way, like counting or saying special things out loud, in order to keep something bad from happening?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0-None Not at all</td></tr> <tr><td>1</td><td>1-Slight Rare less than a day or two</td></tr> <tr><td>2</td><td>2-Mild Several days</td></tr> <tr><td>3</td><td>3-Moderate More than half the days</td></tr> <tr><td>4</td><td>4-Severe Nearly every day</td></tr> </table>	0	0-None Not at all	1	1-Slight Rare less than a day or two	2	2-Mild Several days	3	3-Moderate More than half the days	4	4-Severe Nearly every day
0	0-None Not at all													
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2	2-Mild Several days													
3	3-Moderate More than half the days													
4	4-Severe Nearly every day													
	1169	mbh_p_abtch_repthoscore	X. Repetitive Thoughts and Behaviors - Highest Domain Score (clinician)	text (integer)										
	1170	mbh_p_abtch_subuse1	Section Header: <i>XI. In the past TWO (2) WEEKS has your child</i> 20. Had an alcoholic beverage (beer, wine, liquor, etc.)?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> </table> Custom alignment: RH	1	Yes	0	No	98	Don't know				
1	Yes													
0	No													
98	Don't know													
	1171	mbh_p_abtch_subuse2	21. Smoked a cigarette, a cigar, or pipe, or used snuff or chewing tobacco?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> </table> Custom alignment: RH	1	Yes	0	No	98	Don't know				
1	Yes													
0	No													
98	Don't know													
	1172	mbh_p_abtch_subuse3	22. Used drugs like marijuana, cocaine, or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> </table> Custom alignment: RH	1	Yes	0	No	98	Don't know				
1	Yes													
0	No													
98	Don't know													
	1173	mbh_p_abtch_subuse4	23. Used any medicine without a doctors prescription (e.g., painkillers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> </table> Custom alignment: RH	1	Yes	0	No	98	Don't know				
1	Yes													
0	No													
98	Don't know													
	1174	mbh_p_abtch_subusescore	XI. Substance Use - Highest Domain Score (clinician)	text (integer)										
	1175	mbh_p_abtch_suicide1	Section Header: <i>XII.</i> 24. In the past TWO (2) WEEKS has he/she talked about wanting to kill himself/herself or about wanting to commit suicide?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> </table> Custom alignment: RH	1	Yes	0	No	98	Don't know				
1	Yes													
0	No													
98	Don't know													
	1176	mbh_p_abtch_suicide2	25. Has he/she EVER tried to kill himself/herself?	radio <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>98</td><td>Don't know</td></tr> </table> Custom alignment: RH	1	Yes	0	No	98	Don't know				
1	Yes													
0	No													
98	Don't know													

	1177	mbh_p_abtch_suicidescore	XII. Suicidal Ideation/ Suicide Attempts - Highest Domain Score (clinician)	text (integer)						
	1178	mbh_p_abtch_threshold	Section Header: <i>Tier 2: After meeting thresholds</i>	descriptive						
	1179	instruct_phq15	Section Header: <i>I. Somatic Symptoms LEVEL 2 Somatic Symptom Parent/Guardian of Child Age 6-17 (Patient Health Questionnaire 15 Somatic Symptom Severity (PHQ-15))</i> During the past 7 days how much has your child been bothered by any of the following problems?	descriptive						
	1180	mbh_stomach_pain	Stomach pain	radio (Matrix) <table><tr><td>0</td><td>Not bothered at all</td></tr><tr><td>1</td><td>Bothered a little</td></tr><tr><td>2</td><td>Bothered a lot</td></tr></table>	0	Not bothered at all	1	Bothered a little	2	Bothered a lot
0	Not bothered at all									
1	Bothered a little									
2	Bothered a lot									
	1181	mbh_back_pain	Back pain	radio (Matrix) <table><tr><td>0</td><td>Not bothered at all</td></tr><tr><td>1</td><td>Bothered a little</td></tr><tr><td>2</td><td>Bothered a lot</td></tr></table>	0	Not bothered at all	1	Bothered a little	2	Bothered a lot
0	Not bothered at all									
1	Bothered a little									
2	Bothered a lot									
	1182	mbh_leg_pain	Pain in his or her arms, legs, or joints (knees, hips, etc.)	radio (Matrix) <table><tr><td>0</td><td>Not bothered at all</td></tr><tr><td>1</td><td>Bothered a little</td></tr><tr><td>2</td><td>Bothered a lot</td></tr></table>	0	Not bothered at all	1	Bothered a little	2	Bothered a lot
0	Not bothered at all									
1	Bothered a little									
2	Bothered a lot									
	1183	mbh_headache	Headaches	radio (Matrix) <table><tr><td>0</td><td>Not bothered at all</td></tr><tr><td>1</td><td>Bothered a little</td></tr><tr><td>2</td><td>Bothered a lot</td></tr></table>	0	Not bothered at all	1	Bothered a little	2	Bothered a lot
0	Not bothered at all									
1	Bothered a little									
2	Bothered a lot									
	1184	mbh_chest_pain	Chest pain	radio (Matrix) <table><tr><td>0</td><td>Not bothered at all</td></tr><tr><td>1</td><td>Bothered a little</td></tr><tr><td>2</td><td>Bothered a lot</td></tr></table>	0	Not bothered at all	1	Bothered a little	2	Bothered a lot
0	Not bothered at all									
1	Bothered a little									
2	Bothered a lot									
	1185	mbh_dizziness	Dizziness	radio (Matrix) <table><tr><td>0</td><td>Not bothered at all</td></tr><tr><td>1</td><td>Bothered a little</td></tr><tr><td>2</td><td>Bothered a lot</td></tr></table>	0	Not bothered at all	1	Bothered a little	2	Bothered a lot
0	Not bothered at all									
1	Bothered a little									
2	Bothered a lot									
	1186	mbh_fainting	Fainting spells	radio (Matrix) <table><tr><td>0</td><td>Not bothered at all</td></tr><tr><td>1</td><td>Bothered a little</td></tr><tr><td>2</td><td>Bothered a lot</td></tr></table>	0	Not bothered at all	1	Bothered a little	2	Bothered a lot
0	Not bothered at all									
1	Bothered a little									
2	Bothered a lot									
	1187	mbh_heart_pound	Feeling his or her heart pound or race	radio (Matrix) <table><tr><td>0</td><td>Not bothered at all</td></tr><tr><td>1</td><td>Bothered a little</td></tr><tr><td>2</td><td>Bothered a lot</td></tr></table>	0	Not bothered at all	1	Bothered a little	2	Bothered a lot
0	Not bothered at all									
1	Bothered a little									
2	Bothered a lot									

	1188	mbh_short_of_breath	Shortness of breath	radio (Matrix) 0 Not bothered at all 1 Bothered a little 2 Bothered a lot
	1189	mbh_bowel	Constipation, loose bowels, or diarrhea	radio (Matrix) 0 Not bothered at all 1 Bothered a little 2 Bothered a lot
	1190	mbh_nausea	Nausea, gas, or indigestion	radio (Matrix) 0 Not bothered at all 1 Bothered a little 2 Bothered a lot
	1191	mbh_tired	Feeling tired or having low energy	radio (Matrix) 0 Not bothered at all 1 Bothered a little 2 Bothered a lot
	1192	mbh_sleep	Trouble sleeping	radio (Matrix) 0 Not bothered at all 1 Bothered a little 2 Bothered a lot
	1193	phq_15_totalscore	Total/Partial Raw Score:	text (integer)
	1194	phq_15_proratedscore	Prorated Score: (if 10 or more items answered)	text (integer)
	1195	mbh_p_abtch_slp_instruc	<p>Section Header: <i>II. Sleep Problems LEVEL 2-Sleep Disturbance-Parent/ Guardian of Child Age 6-17 (PROMIS- Sleep Disturbance-Short Form)</i></p> <p>Instructions to parent/guardian:</p> <p>On the DSM-5 Level 1 cross-cutting questionnaire that you just completed you indicated that during the past 2 weeks your child receiving care has been bothered by problems sleeping-that is trouble falling asleep staying asleep or waking up too early at a mild or greater level of severity.</p> <p>The questions below ask about these feelings in more detail and especially how often your child receiving care has been bothered by a list of symptoms during the past 7 days.</p>	descriptive
	1196	promis_p_abtch_sleep108	<p>Section Header: <i>In the past 7 days</i></p> <p>His/her sleep was restless.</p>	radio (Matrix) 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much

	1197	promis_p_abtch_sleep115	He/She was satisfied with his/her sleep.	radio (Matrix) 5 Not at all 4 A little bit 3 Somewhat 2 Quite a bit 1 Very much
	1198	promis_p_abtch_sleep116	His/her sleep was refreshing.	radio (Matrix) 5 Not at all 4 A little bit 3 Somewhat 2 Quite a bit 1 Very much
	1199	promis_p_abtchs_sleep44	He/she had difficulty falling asleep.	radio (Matrix) 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much
	1200	promis_p_abtch_sleep87	Section Header: <i>In the past 7 days</i> He/she had trouble staying asleep.	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
	1201	promis_p_abtch_sleep90	He/she had trouble sleeping	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
	1202	promis_p_abtch_sleep110	He/she got enough sleep.	radio (Matrix) 5 Never 4 Rarely 3 Sometimes 2 Often 1 Always

1203	promis_p_abtch_sleep109	<p>Section Header: <i>In the past 7 days</i></p> <p>His/her sleep quality was...</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>5</td><td>Very poor</td></tr> <tr><td>4</td><td>Poor</td></tr> <tr><td>3</td><td>Fair</td></tr> <tr><td>2</td><td>Good</td></tr> <tr><td>1</td><td>Very good</td></tr> </table>	5	Very poor	4	Poor	3	Fair	2	Good	1	Very good
5	Very poor												
4	Poor												
3	Fair												
2	Good												
1	Very good												
1204	mbh_p_abtch_slp_dis_ttl	Total/Partial Raw Score	text (integer)										
1205	mbh_p_abtch_slp_dis_prottl	Prorated Total Raw Score	text (integer)										
1206	mbh_p_abtch_inatten_desc	<p>Section Header: <i>III. Inattention LEVEL 2 Inattention Parent/Guardian of Child Age 6-17 (SNAP-IV)</i></p> <p>Instructions to parent/guardian: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed you indicated that during the past 2 weeks your child receiving care has been bothered by problems paying attention when he/she was in class or doing his/her homework or reading a book or playing a game at a slight or greater level of severity.</p> <p>The questions below ask about these feelings in more detail and especially how often your child receiving care has been bothered by a list of symptoms during the past 7 days.</p>	descriptive										
1207	mbh_p_abtch_inatten1	<p>Section Header: <i>In the past 7 days my child</i></p> <p>1. Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Just a Little</td></tr> <tr><td>2</td><td>Quite a Bit</td></tr> <tr><td>3</td><td>Very Much</td></tr> </table>	0	Not at All	1	Just a Little	2	Quite a Bit	3	Very Much		
0	Not at All												
1	Just a Little												
2	Quite a Bit												
3	Very Much												
1208	mbh_p_abtch_inatten2	2. Often has difficulty sustaining attention in tasks or play activities.	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Just a Little</td></tr> <tr><td>2</td><td>Quite a Bit</td></tr> <tr><td>3</td><td>Very Much</td></tr> </table>	0	Not at All	1	Just a Little	2	Quite a Bit	3	Very Much		
0	Not at All												
1	Just a Little												
2	Quite a Bit												
3	Very Much												
1209	mbh_p_abtch_inatten3	3. Often does not seem to listen when spoken to directly.	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Just a Little</td></tr> <tr><td>2</td><td>Quite a Bit</td></tr> <tr><td>3</td><td>Very Much</td></tr> </table>	0	Not at All	1	Just a Little	2	Quite a Bit	3	Very Much		
0	Not at All												
1	Just a Little												
2	Quite a Bit												
3	Very Much												
1210	mbh_p_abtch_inatten4	4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties.	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Just a Little</td></tr> <tr><td>2</td><td>Quite a Bit</td></tr> <tr><td>3</td><td>Very Much</td></tr> </table>	0	Not at All	1	Just a Little	2	Quite a Bit	3	Very Much		
0	Not at All												
1	Just a Little												
2	Quite a Bit												
3	Very Much												
1211	mbh_p_abtch_inatten5	5. Often has difficulty organizing tasks and activities.	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Just a Little</td></tr> <tr><td>2</td><td>Quite a Bit</td></tr> <tr><td>3</td><td>Very Much</td></tr> </table>	0	Not at All	1	Just a Little	2	Quite a Bit	3	Very Much		
0	Not at All												
1	Just a Little												
2	Quite a Bit												
3	Very Much												

	1212	mbh_p_abtch_inatten6	6. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g. schoolwork or homework).	radio (Matrix) 0 Not at All 1 Just a Little 2 Quite a Bit 3 Very Much
	1213	mbh_p_abtch_inatten7	7. Often loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books, or tools.)	radio (Matrix) 0 Not at All 1 Just a Little 2 Quite a Bit 3 Very Much
	1214	mbh_p_abtch_inatten8	8. Often is distracted by extraneous stimuli.	radio (Matrix) 0 Not at All 1 Just a Little 2 Quite a Bit 3 Very Much
	1215	mbh_p_abtch_inatten_ttl	Total/Partial Raw Score:	text (integer)
	1216	mbh_p_abtch_inatten_prottl	Prorated Total Raw Score: (if 1-2 items left unanswered)	text (integer)
	1217	mbh_p_abtch_inatten_avgttl	Average Total Score	text (integer)
	1218	mbh_p_abtch_dprdesc	<p>Section Header: <i>IV. Depression LEVEL 2 Depression Parent/Guardian of Child Age 6-17 (PROMIS Emotional Distress Depression Parent Item Bank)</i></p> <p>Instructions to parent/guardian:</p> <p>On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that during the past 2 weeks your child receiving care has been bothered by not finding interest or pleasure in doing things and/or seeming down, depressed, or hopeless at a mild or greater level of severity.</p> <p>The questions below ask about these feelings in more detail and especially how often your child receiving care has been bothered by a list of symptoms during the past 7 days.</p>	descriptive
	1219	mbh_p_abtch_depress1	<p>Section Header: <i>In the past 7 days, my child</i></p> <p>1. Could not stop feeling sad.</p>	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1220	mbh_p_abtch_depress2	2. Felt alone.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always

	1221	mbh_p_abtch_depress3	3. Felt like he/she couldnt do anything right.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1222	mbh_p_abtch_depress4	4. Felt lonely.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1223	mbh_p_abtch_depress5	5. Felt sad.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1224	mbh_p_abtch_depress6	6. Felt unhappy.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1225	mbh_p_abtch_depress7	7. Thought that his/her life was bad.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1226	mbh_p_abtch_depress8	8. Didnt care about anything.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													

	1227	mbh_p_abtch_depress9	9. Felt stressed.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Almost Always</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1228	mbh_p_abtch_depress10	10. Felt too sad to eat.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Almost Always</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1229	mbh_p_abtch_depress11	11.Wanted to be by himself/herself.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Almost Always</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1230	mbh_p_abtch_depressttl	Total/Partial Raw Score:	text (integer)										
	1231	mbh_p_abtch_anger_desc	Section Header: <i>V. Anger</i> Instructions to parent/guardian: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed you indicated that during the past 2 weeks your child receiving care has been bothered by seeming irritated or easily annoyed and/or seeming angry or lost his/her temper at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often your child receiving care has been bothered by a list of symptoms during the past 7 days.	descriptive										
	1232	mbh_p_abtch_anger1	Section Header: <i>In the past SEVEN (7) DAYS</i> 1. My child felt mad.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Almost Always</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
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4	Often													
5	Almost Always													
	1233	mbh_p_abtch_anger2	2. My child was so angry he/she felt like yelling at somebody.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Almost Always</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													

	1234	mbh_p_abtch_anger3	3. My child was so angry he/she felt like throwing something.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Almost Always</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1235	mbh_p_abtch_anger4	4. My child felt upset.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Almost Always</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1236	mbh_p_abtch_anger5	5. When my child got mad, he/she stayed mad.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Almost Always</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
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2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1237	mbh_p_abtch_anger_ttl	Total/Partial Raw Score:	text (integer)										
	1238	mbh_p_abtch_anger_prottl	Prorated Total Raw Score:	text (integer)										
	1239	mbh_p_abtch_anger_tscore	T-Score:	text (number)										
	1240	mbh_p_abtch_irrtbl_desc	<p>Section Header: VI. Irritability LEVEL 2 Irritability Parent/Guardian of Child Age 6-17 (Affective Reactivity Index)</p> <p>Instructions to parent/guardian:</p> <p>On the DSM-5 Level 1 cross-cutting questionnaire that you just completed you indicated that during the past 2 weeks your child receiving care has been bothered by seeming irritated or easily annoyed and/or seeming angry or lost his/her temper at a mild or greater level of severity.</p> <p>The questions below ask about these feelings in more detail and especially how often your child receiving care has been bothered by a list of symptoms during the past 7 days.</p>	descriptive										
	1241	mbh_p_abtch_irrtbl1	<p>Section Header: In the last SEVEN (7) DAYS and compared to others of the same age how well does each of the following statements describe the behavior/feelings of your child? Please try to answer all questions.</p> <p>1. Is easily annoyed by others.</p>	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not True</td></tr> <tr><td>1</td><td>Somewhat True</td></tr> <tr><td>2</td><td>Certainly True</td></tr> </table>	0	Not True	1	Somewhat True	2	Certainly True				
0	Not True													
1	Somewhat True													
2	Certainly True													
	1242	mbh_p_abtch_irrtbl2	2. Often loses his/her temper.	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not True</td></tr> <tr><td>1</td><td>Somewhat True</td></tr> <tr><td>2</td><td>Certainly True</td></tr> </table>	0	Not True	1	Somewhat True	2	Certainly True				
0	Not True													
1	Somewhat True													
2	Certainly True													
	1243	mbh_p_abtch_irrtbl3	3. Stays angry for a long time.	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not True</td></tr> <tr><td>1</td><td>Somewhat True</td></tr> <tr><td>2</td><td>Certainly True</td></tr> </table>	0	Not True	1	Somewhat True	2	Certainly True				
0	Not True													
1	Somewhat True													
2	Certainly True													

	1244	mbh_p_abtch_irrtbl4	4. Is angry most of the time.	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not True</td></tr> <tr><td>1</td><td>Somewhat True</td></tr> <tr><td>2</td><td>Certainly True</td></tr> </table>	0	Not True	1	Somewhat True	2	Certainly True				
0	Not True													
1	Somewhat True													
2	Certainly True													
	1245	mbh_p_abtch_irrtbl5	5. Gets angry frequently.	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not True</td></tr> <tr><td>1</td><td>Somewhat True</td></tr> <tr><td>2</td><td>Certainly True</td></tr> </table>	0	Not True	1	Somewhat True	2	Certainly True				
0	Not True													
1	Somewhat True													
2	Certainly True													
	1246	mbh_p_abtch_irrtbl6	6. Loses temper easily.	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not True</td></tr> <tr><td>1</td><td>Somewhat True</td></tr> <tr><td>2</td><td>Certainly True</td></tr> </table>	0	Not True	1	Somewhat True	2	Certainly True				
0	Not True													
1	Somewhat True													
2	Certainly True													
	1247	mbh_p_abtch_irrtbl7	7. Overall irritability causes him/her problems	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not True</td></tr> <tr><td>1</td><td>Somewhat True</td></tr> <tr><td>2</td><td>Certainly True</td></tr> </table>	0	Not True	1	Somewhat True	2	Certainly True				
0	Not True													
1	Somewhat True													
2	Certainly True													
	1248	mbh_p_abtch_irrtbl_ttl	Total/Partial Raw Score:	text (integer)										
	1249	mbh_p_abtch_irrtbl_prottl	Prorated Total Raw Score: (if 1 item is left unanswered)	text (integer)										
	1250	mbh_p_abtch_mania_desc	Section Header: VII. Mania LEVEL 2 Mania Parent/Guardian of Child Age 6-17 (adapted from the Altman Self-Rating Mania Scale) Instructions to parent/guardian: On the DSM-5 Level 1 cross-cutting questionnaire you just completed you indicated that during the past 2 weeks your child receiving care has been bothered by sleeping less than usual but still have a lot of energy and/or only sleeping for a short time at night at a mild or greater level of severity. The five statement groups or questions below ask about these feelings in more detail. 1. Please read each group of statements/question carefully. 2. Choose the one statement in each group that best describes the way your child has been feeling for the past week. 3. Check the box next to the number/statement selected. 4. Please note: The word occasionally when used here means once or twice; often means several times or more and frequently means most of the time.	descriptive										
	1251	mbh_p_abtch_mania1	Question 1	radio <table border="1"> <tr><td>1</td><td>He/she does not feel happier or more cheerful than usual.</td></tr> <tr><td>2</td><td>He/she occasionally feels happier or more cheerful than usual.</td></tr> <tr><td>3</td><td>He/she often feels happier or more cheerful than usual.</td></tr> <tr><td>4</td><td>He/she feels happier or more cheerful than usual most of the time.</td></tr> <tr><td>5</td><td>He/she feels happier or more cheerful than usual all of the time.</td></tr> </table> Custom alignment: LV	1	He/she does not feel happier or more cheerful than usual.	2	He/she occasionally feels happier or more cheerful than usual.	3	He/she often feels happier or more cheerful than usual.	4	He/she feels happier or more cheerful than usual most of the time.	5	He/she feels happier or more cheerful than usual all of the time.
1	He/she does not feel happier or more cheerful than usual.													
2	He/she occasionally feels happier or more cheerful than usual.													
3	He/she often feels happier or more cheerful than usual.													
4	He/she feels happier or more cheerful than usual most of the time.													
5	He/she feels happier or more cheerful than usual all of the time.													

	1252	mbh_p_abtch_mania2	Question 2	<div>radio</div> <div><div>1</div><div>He/she does not feel more self-confident than usual.</div></div> <div><div>2</div><div>He/she occasionally feels more self-confident than usual.</div></div> <div><div>3</div><div>He/she often feels more self-confident than usual.</div></div> <div><div>4</div><div>He/she frequently feels more self-confident than usual.</div></div> <div><div>5</div><div>He/she feels extremely self-confident all of the time.</div></div> <div>Custom alignment: LV</div>
	1253	mbh_p_abtch_mania3	Question 3	<div>radio</div> <div><div>1</div><div>He/she does not need less sleep than usual.</div></div> <div><div>2</div><div>He/she occasionally needs less sleep than usual.</div></div> <div><div>3</div><div>He/she often needs less sleep than usual.</div></div> <div><div>4</div><div>He/she frequently needs less sleep than usual.</div></div> <div><div>5</div><div>He/she can go all day and all night without any sleep and still not feel tired.</div></div> <div>Custom alignment: LV</div>
	1254	mbh_p_abtch_mania4	Question 4	<div>radio</div> <div><div>1</div><div>He/she does not talk more than usual.</div></div> <div><div>2</div><div>He/she occasionally talks more than usual.</div></div> <div><div>3</div><div>He/she often talks more than usual.</div></div> <div><div>4</div><div>He/she frequently talks more than usual.</div></div> <div><div>5</div><div>He/she talks constantly and cannot be interrupted.</div></div> <div>Custom alignment: LV</div>
	1255	mbh_p_abtch_mania5	Question 5	<div>radio</div> <div><div>1</div><div>He/she has not been more active (either socially sexually at work home or school) than usual.</div></div> <div><div>2</div><div>He/she has occasionally been more active than usual.</div></div> <div><div>3</div><div>He/she has often been more active than usual.</div></div> <div><div>4</div><div>He/she has frequently been more active than usual.</div></div> <div><div>5</div><div>He/she is constantly more active or on the go all the time.</div></div> <div>Custom alignment: LV</div>
	1256	mbh_p_abtch_mania_ttl	Total/Partial Raw Score:	text (integer)
	1257	mbh_p_abtch_mania_prottl	Prorated Total Raw Score: (if 1 item is left unanswered)	text (integer)

	1258	mbh_p_abtch_anxietydesc	<p>Section Header: <i>VIII. Anxiety LEVEL 2 - Anxiety - Parent/Guardian of Child Age 6-17 (adapted from PROMIS Emotional Distress-Anxiety-Parent Item Bank)</i></p> <p>Instructions to parent/guardian:</p> <p>On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that during the past 2 weeks your child receiving care has been bothered by feeling nervous, anxious, or scared, not being able to stop worrying, and/or couldn't do things he/she wanted to or should have done because they made him/her feel nervous at a mild or greater level of severity.</p> <p>The questions below ask about these feelings in more detail and especially how often your child receiving care has been bothered by a list of symptoms during the past 7 days.</p>	descriptive										
	1259	promis_p_abtch_2220r2r	Felt nervous.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1260	promis_p_abtch_713r1r	Felt scared.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1261	promis_p_abtch_227br1r	Felt worried.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
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	1262	promis_p_abtch_5044r1r	<p>Section Header: <i>In the SEVEN (7) DAYS, my child said that he/she</i></p> <p>Felt like something awful might happen.</p>	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1263	promis_p_abtch_3459br1r	Worried when he/she was at home.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													

	1264	promis_p_abtch_2230r1r	Got scared really easy.	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
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3	Sometimes													
4	Often													
5	Almost Always													
	1265	promis_p_abtch_awayhome	Worried when he/she was away from home.	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
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5	Almost Always													
	1266	promis_p_abtch_231r1r	Worried about what could happen to him/her.	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
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5	Almost Always													
	1267	promis_p_abtch_3150br2r	Worried when he/she went to bed at night.	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
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2	Almost Never													
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4	Often													
5	Almost Always													
	1268	promis_p_abtch_afrdschool	Was afraid of going to school.	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
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	1269	mbh_p_abtch_anx_ttl	Total/Partial Raw Score	text (integer)										
	1270	mbh_p_abtch_anx_prottl	Prorated Total Raw Score	text (integer)										
	1271	mbh_p_abtch_anx_tscore	T-Score	text (integer)										
	1272	mbh_p_abtch_subdesc	<div>Section Header: <i>XI. Substance Use</i></div> <div>Instructions to parent/guardian:</div> <div>On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that during the past 2 weeks your child receiving care has been bothered by having an alcoholic beverage; smoking a cigarette, a cigar, or pipe or used snuff or chewing tobacco; using drugs like marijuana, cocaine or crack, club drugs, hallucinogens, heroin, inhalants or solvents, or methamphetamine and/or using any medicine without a doctor's prescription.</div> <div>The questions below ask about these feelings in more detail and especially how often your child receiving care has been bothered by a list of symptoms during the past two (2) weeks.</div>	descriptive										

1273	mbh_p_abtch_substance1	<p>Section Header: <i>During the past TWO (2) WEEKS, about how often did your child...</i></p> <p>a. Have an alcoholic beverage (beer, wine, liquor, etc.) ?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Less Than a Day or Two</td></tr> <tr><td>2</td><td>Several Days</td></tr> <tr><td>3</td><td>More Than Half the Days</td></tr> <tr><td>4</td><td>Nearly Every Day</td></tr> </table>	0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day
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3	More Than Half the Days												
4	Nearly Every Day												
1274	mbh_p_abtch_substance2	b. Have 4 or more drinks in a single day?	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Less Than a Day or Two</td></tr> <tr><td>2</td><td>Several Days</td></tr> <tr><td>3</td><td>More Than Half the Days</td></tr> <tr><td>4</td><td>Nearly Every Day</td></tr> </table>	0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day
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1275	mbh_p_abtch_substance3	c. Smoke a cigarette, a cigar, or pipe or used snuff or chewing tobacco?	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Less Than a Day or Two</td></tr> <tr><td>2</td><td>Several Days</td></tr> <tr><td>3</td><td>More Than Half the Days</td></tr> <tr><td>4</td><td>Nearly Every Day</td></tr> </table>	0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day
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1276	mbh_p_abtch_substance4	<p>Section Header: <i>During the past TWO (2) WEEKS, about how often did your child use any of the following medicines without a doctor's prescription or in greater amounts or longer than prescribed?</i></p> <p>d. Painkillers (like Vicodin)</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Less Than a Day or Two</td></tr> <tr><td>2</td><td>Several Days</td></tr> <tr><td>3</td><td>More Than Half the Days</td></tr> <tr><td>4</td><td>Nearly Every Day</td></tr> </table>	0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day
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4	Nearly Every Day												
1277	mbh_p_abtch_substance5	e. Stimulants (like Ritalin, Adderall)	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Less Than a Day or Two</td></tr> <tr><td>2</td><td>Several Days</td></tr> <tr><td>3</td><td>More Than Half the Days</td></tr> <tr><td>4</td><td>Nearly Every Day</td></tr> </table>	0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day
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1278	mbh_p_abtch_substance6	f. Sedatives or tranquilizers (like sleeping pills or Valium)	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Less Than a Day or Two</td></tr> <tr><td>2</td><td>Several Days</td></tr> <tr><td>3</td><td>More Than Half the Days</td></tr> <tr><td>4</td><td>Nearly Every Day</td></tr> </table>	0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day
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	1279	mbh_p_abtch_substance7	Section Header: <i>Or drugs like:</i> g. Steroids	radio (Matrix) 0 Not at All 1 Less Than a Day or Two 2 Several Days 3 More Than Half the Days 4 Nearly Every Day
	1280	mbh_p_abtch_substance8	h. Other medicines	radio (Matrix) 0 Not at All 1 Less Than a Day or Two 2 Several Days 3 More Than Half the Days 4 Nearly Every Day
	1281	mbh_p_abtch_substance9	i. Marijuana	radio (Matrix) 0 Not at All 1 Less Than a Day or Two 2 Several Days 3 More Than Half the Days 4 Nearly Every Day
	1282	mbh_p_abtch_substance10	j. Cocaine or crack	radio (Matrix) 0 Not at All 1 Less Than a Day or Two 2 Several Days 3 More Than Half the Days 4 Nearly Every Day
	1283	mbh_p_abtch_substance11	k. Club drugs (like ecstasy)	radio (Matrix) 0 Not at All 1 Less Than a Day or Two 2 Several Days 3 More Than Half the Days 4 Nearly Every Day
	1284	mbh_p_abtch_substance12	l. Hallucinogens (like LSD)	radio (Matrix) 0 Not at All 1 Less Than a Day or Two 2 Several Days 3 More Than Half the Days 4 Nearly Every Day

	1285	mbh_p_abtch_substance13	m. Heroin	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Less Than a Day or Two</td></tr> <tr><td>2</td><td>Several Days</td></tr> <tr><td>3</td><td>More Than Half the Days</td></tr> <tr><td>4</td><td>Nearly Every Day</td></tr> </table>	0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day
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4	Nearly Every Day													
	1286	mbh_p_abtch_substance14	n. Inhalants or solvents (like glue)	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Less Than a Day or Two</td></tr> <tr><td>2</td><td>Several Days</td></tr> <tr><td>3</td><td>More Than Half the Days</td></tr> <tr><td>4</td><td>Nearly Every Day</td></tr> </table>	0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day
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1	Less Than a Day or Two													
2	Several Days													
3	More Than Half the Days													
4	Nearly Every Day													
	1287	mbh_p_abtch_substance15	o. Methamphetamine (like speed)	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Less Than a Day or Two</td></tr> <tr><td>2</td><td>Several Days</td></tr> <tr><td>3</td><td>More Than Half the Days</td></tr> <tr><td>4</td><td>Nearly Every Day</td></tr> </table>	0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day
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	1288	mbh_p_abtch_abuse_ttl	Total/Partial Raw Score:	text (integer)										
	1289	mbh_p_abtch_abuse_prottl	Prorated Total Raw Score: (If 1 item is left unanswered)	text (integer)										
	1290	mbh_addtlguide	Additional Guidance: These CDEs include questions that can potentially identify respondents who are at risk of suicide. Investigators implementing this protocol should consult with their IRBs to develop a risk management plan specific to their study to ensure the safety of participants. Investigators should also ensure their studies are compliant with federal, state, and institutional regulations and policies and inform participants of limits of confidentiality when a participant endorses imminent risk of harm to self or others. The following link provides additional information and guidelines for suicide-related research: https://www.nimh.nih.gov/funding/clinical-research/conducting-research-with-participants-at-elevated-risk-for-suicide-considerations-for-researchers .	descriptive										
	1291	mbg_p_abt_chdesc	Section Header: <i>Tier 1: Anxiety, Depression, Fatigue PROMIS scales (Parent Proxy Versions) Due to early research demonstrating the presence of COVID-19/pandemic related mental health symptoms, anxiety, depressive symptoms and fatigue PROMIS measures were designated Tier 1 in addition to the DSM-5 screener.</i> Parent About Child:	descriptive										
	1292	mbh_past1	Section Header: <i>PROMIS Anxiety Age 1-5 (available not shown) Age 5-17 (shown)</i> In the past 7 days	descriptive										
	1293	promis_pf1anxiety8r	My child felt nervous.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Almost Always</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													

	1294	promis_pf2anxiety2r	My child felt scared.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1295	promis_pf2anxiety9r	My child felt worried.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1296	promis_pf2anxiety1r	My child felt like something awful might happen.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1297	promis_pf2anxiety5r	My child worried when he/she was at home.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1298	promis_pf1anxiety1r	My child got scared really easy.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1299	promis_pf1anxiety3r	My child worried about what could happen to him/her.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always

	1300	promis_pf2anxiety4r	My child worried when he/she went to bed at night.	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1301	mbh_past2	Section Header: <i>PROMIS Depressive Symptoms Age 1-5 (available not shown) Age 5-17 (shown)</i> In the past 7 days	descriptive										
	1302	promis_pf2depr7r	My child could not stop feeling sad.	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1303	promis_pf1depr7r	My child felt everything in his/her life went wrong.	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1304	promis_pf1depr5r	My child felt like he/she couldn't do anything right.	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1305	promis_pf2depr10r	My child felt lonely.	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1306	promis_pf2depr3r	My child felt sad.	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													

	1307	promis_pf2depr6r	It was hard for my child to have fun.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1308	promis_pf4fatigue12r	Section Header: <i>PROMIS Fatigue Age 5-17</i> Being tired made it hard for my child to play or go out with friends as much as he/she would like.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1309	promis_pf4fatigue8r	My child felt weak.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1310	promis_pf4fatigue3r	My child got tired easily.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1311	promis_pf2fatigue8r	Being tired made it hard for my child to keep up with schoolwork.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1312	promis_pf2fatigue4r	My child had trouble finishing things because he/she was too tired.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always

	1313	promis_pf3fatigue7r	My child had trouble starting things because he/she was too tired.	<div>radio (Matrix)</div> <div><div>1</div>Never</div> <div><div>2</div>Almost Never</div> <div><div>3</div>Sometimes</div> <div><div>4</div>Often</div> <div><div>5</div>Almost Always</div>
	1314	promis_pf3fatigue12r	My child was so tired it was hard for him/her to pay attention.	<div>radio (Matrix)</div> <div><div>1</div>Never</div> <div><div>2</div>Almost Never</div> <div><div>3</div>Sometimes</div> <div><div>4</div>Often</div> <div><div>5</div>Almost Always</div>
	1315	promis_pf3fatigue8r	My child was too tired to do sports or exercise.	<div>radio (Matrix)</div> <div><div>1</div>Never</div> <div><div>2</div>Almost Never</div> <div><div>3</div>Sometimes</div> <div><div>4</div>Often</div> <div><div>5</div>Almost Always</div>
	1316	promis_pf3fatigue4r	My child was too tired to do things outside.	<div>radio (Matrix)</div> <div><div>1</div>Never</div> <div><div>2</div>Almost Never</div> <div><div>3</div>Sometimes</div> <div><div>4</div>Often</div> <div><div>5</div>Almost Always</div>
	1317	promis_pf4fatigue4r	My child was too tired to enjoy the things he/she likes to do.	<div>radio (Matrix)</div> <div><div>1</div>Never</div> <div><div>2</div>Almost Never</div> <div><div>3</div>Sometimes</div> <div><div>4</div>Often</div> <div><div>5</div>Almost Always</div>
	1318	rcads_p_abtch_desc	<div>Section Header: <i>Tier 2: RCADS Anxiety and Depression Scale (Parent Report About Child)</i></div> <div>Due to early research demonstrating the presence of COVID-19/pandemic related mental health symptoms, anxiety, and depression RCADS measures were designated Tier 2 in addition to the DSM-5 screener and Tier 1 PROMIS measures.</div>	<div>descriptive</div> <div>Field Annotation: RCADS https://www.childfirst.ucla.edu/resources/ Age Group: Validated</div>
	1319	rcads_p_abtch_q1	<div>Section Header: <i>Please select the word that shows how often each of these things happens to your child. There are no right or wrong answers.</i></div> <div>1. My child worries about things</div>	<div>radio (Matrix)</div> <div><div>0</div>Never</div> <div><div>1</div>Sometimes</div> <div><div>2</div>Often</div> <div><div>3</div>Always</div>

	1320	rcads_p_abtch_q2	2. My child feels sad or empty	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1321	rcads_p_abtch_q3	3. When my child has a problem, he/she gets a funny feeling in his/her stomach	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1322	rcads_p_abtch_q4	4. My child worries when he/she thinks he/she has done poorly at something	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1323	rcads_p_abtch_q5	5. My child feels afraid of being alone at home	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1324	rcads_p_abtch_q6	6. Nothing is much fun for my child anymore	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1325	rcads_p_abtch_q7	7. My child feels scared when taking a test	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1326	rcads_p_abtch_q8	8. My child worries when he/she thinks someone is angry with him/her	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1327	rcads_p_abtch_q9	9. My child worries about being away from me	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always

	1328	rcads_p_abtch_q10	10. My child is bothered by bad or silly thoughts or pictures in his/her mind	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1329	rcads_p_abtch_q11	11. My child has trouble sleeping	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1330	rcads_p_abtch_q12	12. My child worries about doing badly at schoolwork	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1331	rcads_p_abtch_q13	13. My child worries that something awful will happen to someone in the family	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1332	rcads_p_abtch_q14	14. My child suddenly feels as if he/she can't breathe when there is no reason for this	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1333	rcads_p_abtch_q15	15. My child has problems with his/her appetite	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1334	rcads_p_abtch_q16	16. My child has to keep checking that he/she has done things right (like the switch is off, or the door is locked)	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1335	rcads_p_abtch_q17	17. My child feels scared to sleep on his/her own	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always

	1336	rcads_p_abtch_q18	18. My child has trouble going to school in the mornings because of feeling nervous or afraid	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1337	rcads_p_abtch_q19	19. My child has no energy for things	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1338	rcads_p_abtch_q20	20. My child worries about looking foolish	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1339	rcads_p_abtch_q21	21. My child is tired a lot	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1340	rcads_p_abtch_q22	22. My child worries that bad things will happen to him/her	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1341	rcads_p_abtch_q23	23. My child can't seem to get bad or silly thoughts out of his/her head	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1342	mbh_pain	Section Header: <i>Tier 2: Pain, Cognitive Function</i> Pain Interference Parent Proxy Age 8-17	descriptive
	1343	promis_pf2pain5r	Section Header: <i>In the past 7 days</i> My child had trouble sleeping when he/she had pain.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always

	1344	promis_pf3pain7r	My child felt angry when he/she had pain.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1345	promis_pf2pain2r	My child had trouble doing schoolwork when he/she had pain.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1346	promis_pf3pain2r	It was hard for my child to pay attention when he/she had pain.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1347	promis_pf2pain4r	It was hard for my child to run when he/she had pain.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1348	promis_pf1pain4r	It was hard for my child to walk one block when he/she had pain.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1349	promis_pf3pain4r	It was hard for my child to have fun when he/she had pain.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always

	1350	promis_pf4pain6r	It was hard for my child to stay standing when he/she had pain.	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
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4	Often													
5	Almost Always													
	1351	mbh_past5	Section Header: <i>Cognitive Function Parent Proxy Age 8-17</i> In the past 4 weeks	descriptive										
	1352	promis_pedspcf5_fa	Your child has to use written lists more often than other people his/her age so he/she will not forget things	<div>radio (Matrix)</div> <table><tr><td>5</td><td>None of the time</td></tr><tr><td>4</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>2</td><td>Most of the time</td></tr><tr><td>1</td><td>All of the time</td></tr></table>	5	None of the time	4	A little of the time	3	Some of the time	2	Most of the time	1	All of the time
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4	A little of the time													
3	Some of the time													
2	Most of the time													
1	All of the time													
	1353	promis_nqcog44_2ar	It is hard for your child to pay attention to one thing for more than 5-10 minutes	<div>radio (Matrix)</div> <table><tr><td>5</td><td>None of the time</td></tr><tr><td>4</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>2</td><td>Most of the time</td></tr><tr><td>1</td><td>All of the time</td></tr></table>	5	None of the time	4	A little of the time	3	Some of the time	2	Most of the time	1	All of the time
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4	A little of the time													
3	Some of the time													
2	Most of the time													
1	All of the time													
	1354	promis_nqcog65_2ar	Your child has trouble keeping track of what he/she is doing if he/she gets interrupted	<div>radio (Matrix)</div> <table><tr><td>5</td><td>None of the time</td></tr><tr><td>4</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>2</td><td>Most of the time</td></tr><tr><td>1</td><td>All of the time</td></tr></table>	5	None of the time	4	A little of the time	3	Some of the time	2	Most of the time	1	All of the time
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4	A little of the time													
3	Some of the time													
2	Most of the time													
1	All of the time													
	1355	promis_pb10_fa	Your child has to read things several times to understand them	<div>radio (Matrix)</div> <table><tr><td>5</td><td>None of the time</td></tr><tr><td>4</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>2</td><td>Most of the time</td></tr><tr><td>1</td><td>All of the time</td></tr></table>	5	None of the time	4	A little of the time	3	Some of the time	2	Most of the time	1	All of the time
5	None of the time													
4	A little of the time													
3	Some of the time													
2	Most of the time													
1	All of the time													
	1356	promis_pb8_fa	Your child forgets things easily	<div>radio (Matrix)</div> <table><tr><td>5</td><td>None of the time</td></tr><tr><td>4</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>2</td><td>Most of the time</td></tr><tr><td>1</td><td>All of the time</td></tr></table>	5	None of the time	4	A little of the time	3	Some of the time	2	Most of the time	1	All of the time
5	None of the time													
4	A little of the time													
3	Some of the time													
2	Most of the time													
1	All of the time													

	1357	promis_pedspcf8_fa	Your child has to work really hard to pay attention or he/she makes mistakes	radio (Matrix) <table><tr><td>5</td><td>None of the time</td></tr><tr><td>4</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>2</td><td>Most of the time</td></tr><tr><td>1</td><td>All of the time</td></tr></table>	5	None of the time	4	A little of the time	3	Some of the time	2	Most of the time	1	All of the time
5	None of the time													
4	A little of the time													
3	Some of the time													
2	Most of the time													
1	All of the time													
	1358	promis_pedspcf6_fa	Your child has trouble remembering to do things like school projects or chores	radio (Matrix) <table><tr><td>5</td><td>None of the time</td></tr><tr><td>4</td><td>A little of the time</td></tr><tr><td>3</td><td>Some of the time</td></tr><tr><td>2</td><td>Most of the time</td></tr><tr><td>1</td><td>All of the time</td></tr></table>	5	None of the time	4	A little of the time	3	Some of the time	2	Most of the time	1	All of the time
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	1359	mbh_p_abtch_tier2	Section Header: <i>Tier 2: Externalizing Symptoms</i> While prioritized as a Tier 2 measure, this Working Group does not recommend specific measures since the most commonly used measures (Child Behavior Checklist and Strengths and Difficulties Questionnaire) require licensing. The Multidimensional Assessment Profile of Disruptive Behavior (MAP-DB), is available for use as well and does not require a license.	descriptive										
	1360	dsm_cross_cut_desc	Section Header: <i>Child Self-Report: Current Mental Health Symptoms</i> Tier 1: DSM-5 Cross-Cutting Symptom Measure (Ages 11-17)The National Institute of Mental Health (NIMH), in consultation with the Wellcome Trust and other funders of mental health research, has identified the DSM-5 Cross-Cutting Symptom Measure as part of a minimal list of data collection instruments that would be ideal for use by all mental health researchers conducting clinical research to facilitate and harmonize mental health data collection. These measures have been selected using either the PhenX consensus process (https://www.phenxtoolkit.org/collections/view/1) or the International Consortium for Health Outcomes Measurement (ICHOM) (https://www.ichom.org/resource-library/category/condition-specific-resources/depression-anxiety/) with additional consideration for successful use of the measures in various countries.	descriptive Field Annotation: DSM-5 https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures Age Group: Validated										
	1361	dsm_cross_cut1	Section Header: <i>I.</i> 1. Been bothered by stomach aches, headaches, or other aches and pains?	radio (Matrix) <table><tr><td>0</td><td>0 - None (Not at all)</td></tr><tr><td>1</td><td>1 - Slight (Rare less than a day or two)</td></tr><tr><td>2</td><td>2 - Mild (Several days)</td></tr><tr><td>3</td><td>3 - Moderate (More than half the days)</td></tr><tr><td>4</td><td>4 - Severe (Nearly every day)</td></tr></table>	0	0 - None (Not at all)	1	1 - Slight (Rare less than a day or two)	2	2 - Mild (Several days)	3	3 - Moderate (More than half the days)	4	4 - Severe (Nearly every day)
0	0 - None (Not at all)													
1	1 - Slight (Rare less than a day or two)													
2	2 - Mild (Several days)													
3	3 - Moderate (More than half the days)													
4	4 - Severe (Nearly every day)													
	1362	dsm_cross_cut2	2. Worried about your health or about getting sick?	radio (Matrix) <table><tr><td>0</td><td>0 - None (Not at all)</td></tr><tr><td>1</td><td>1 - Slight (Rare less than a day or two)</td></tr><tr><td>2</td><td>2 - Mild (Several days)</td></tr><tr><td>3</td><td>3 - Moderate (More than half the days)</td></tr><tr><td>4</td><td>4 - Severe (Nearly every day)</td></tr></table>	0	0 - None (Not at all)	1	1 - Slight (Rare less than a day or two)	2	2 - Mild (Several days)	3	3 - Moderate (More than half the days)	4	4 - Severe (Nearly every day)
0	0 - None (Not at all)													
1	1 - Slight (Rare less than a day or two)													
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4	4 - Severe (Nearly every day)													
	1363	mbh_ch11_17_score1	I. - Highest Domain Score (clinician)	text										

1364	dsm_cross_cut3	<p>Section Header: <i>II.</i></p> <p>3. Been bothered by not being able to fall asleep or stay asleep, or by waking up too early?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>0 - None (Not at all)</td></tr> <tr><td>1</td><td>1 - Slight (Rare less than a day or two)</td></tr> <tr><td>2</td><td>2 - Mild (Several days)</td></tr> <tr><td>3</td><td>3 - Moderate (More than half the days)</td></tr> <tr><td>4</td><td>4 - Severe (Nearly every day)</td></tr> </table>	0	0 - None (Not at all)	1	1 - Slight (Rare less than a day or two)	2	2 - Mild (Several days)	3	3 - Moderate (More than half the days)	4	4 - Severe (Nearly every day)
0	0 - None (Not at all)												
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4	4 - Severe (Nearly every day)												
1365	mbh_ch11_17_score2	II. - Highest Domain Score (clinician)	text										
1366	dsm_cross_cut4	<p>Section Header: <i>III.</i></p> <p>4. Been bothered by not being able to pay attention when you were in class or doing homework or reading a book or playing a game?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>0 - None (Not at all)</td></tr> <tr><td>1</td><td>1 - Slight (Rare less than a day or two)</td></tr> <tr><td>2</td><td>2 - Mild (Several days)</td></tr> <tr><td>3</td><td>3 - Moderate (More than half the days)</td></tr> <tr><td>4</td><td>4 - Severe (Nearly every day)</td></tr> </table>	0	0 - None (Not at all)	1	1 - Slight (Rare less than a day or two)	2	2 - Mild (Several days)	3	3 - Moderate (More than half the days)	4	4 - Severe (Nearly every day)
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1367	mbh_ch11_17_score3	III. - Highest Domain Score (clinician)	text										
1368	dsm_cross_cut5	<p>Section Header: <i>IV.</i></p> <p>5. Had less fun doing things than you used to?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>0 - None (Not at all)</td></tr> <tr><td>1</td><td>1 - Slight (Rare less than a day or two)</td></tr> <tr><td>2</td><td>2 - Mild (Several days)</td></tr> <tr><td>3</td><td>3 - Moderate (More than half the days)</td></tr> <tr><td>4</td><td>4 - Severe (Nearly every day)</td></tr> </table>	0	0 - None (Not at all)	1	1 - Slight (Rare less than a day or two)	2	2 - Mild (Several days)	3	3 - Moderate (More than half the days)	4	4 - Severe (Nearly every day)
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4	4 - Severe (Nearly every day)												
1369	dsm_cross_cut6	6. Felt sad or depressed for several hours?	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>0 - None (Not at all)</td></tr> <tr><td>1</td><td>1 - Slight (Rare less than a day or two)</td></tr> <tr><td>2</td><td>2 - Mild (Several days)</td></tr> <tr><td>3</td><td>3 - Moderate (More than half the days)</td></tr> <tr><td>4</td><td>4 - Severe (Nearly every day)</td></tr> </table>	0	0 - None (Not at all)	1	1 - Slight (Rare less than a day or two)	2	2 - Mild (Several days)	3	3 - Moderate (More than half the days)	4	4 - Severe (Nearly every day)
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1370	mbh_ch11_17_score4	IV. - Highest Domain Score (clinician)	text										
1371	dsm_cross_cut7	<p>Section Header: <i>V. & VI.</i></p> <p>7. Felt more irritated or easily annoyed than usual?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>0 - None (Not at all)</td></tr> <tr><td>1</td><td>1 - Slight (Rare less than a day or two)</td></tr> <tr><td>2</td><td>2 - Mild (Several days)</td></tr> <tr><td>3</td><td>3 - Moderate (More than half the days)</td></tr> <tr><td>4</td><td>4 - Severe (Nearly every day)</td></tr> </table>	0	0 - None (Not at all)	1	1 - Slight (Rare less than a day or two)	2	2 - Mild (Several days)	3	3 - Moderate (More than half the days)	4	4 - Severe (Nearly every day)
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1372	dsm_cross_cut8	8. Felt angry or lost your temper?	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>0 - None (Not at all)</td></tr> <tr><td>1</td><td>1 - Slight (Rare less than a day or two)</td></tr> <tr><td>2</td><td>2 - Mild (Several days)</td></tr> <tr><td>3</td><td>3 - Moderate (More than half the days)</td></tr> <tr><td>4</td><td>4 - Severe (Nearly every day)</td></tr> </table>	0	0 - None (Not at all)	1	1 - Slight (Rare less than a day or two)	2	2 - Mild (Several days)	3	3 - Moderate (More than half the days)	4	4 - Severe (Nearly every day)
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1373	mbh_ch11_17_score5	V & VI. - Highest Domain Score (clinician)	text										

1374	dsm_cross_cut9	<p>Section Header: <i>VII.</i></p> <p>9. Started lots more projects than usual or done more risky things than usual?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>0 - None (Not at all)</td></tr> <tr><td>1</td><td>1 - Slight (Rare less than a day or two)</td></tr> <tr><td>2</td><td>2 - Mild (Several days)</td></tr> <tr><td>3</td><td>3 - Moderate (More than half the days)</td></tr> <tr><td>4</td><td>4 - Severe (Nearly every day)</td></tr> </table>	0	0 - None (Not at all)	1	1 - Slight (Rare less than a day or two)	2	2 - Mild (Several days)	3	3 - Moderate (More than half the days)	4	4 - Severe (Nearly every day)
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1375	dsm_cross_cut10	<p>10. Slept less than usual but still had a lot of energy?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>0 - None (Not at all)</td></tr> <tr><td>1</td><td>1 - Slight (Rare less than a day or two)</td></tr> <tr><td>2</td><td>2 - Mild (Several days)</td></tr> <tr><td>3</td><td>3 - Moderate (More than half the days)</td></tr> <tr><td>4</td><td>4 - Severe (Nearly every day)</td></tr> </table>	0	0 - None (Not at all)	1	1 - Slight (Rare less than a day or two)	2	2 - Mild (Several days)	3	3 - Moderate (More than half the days)	4	4 - Severe (Nearly every day)
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1376	mbh_ch11_17_score7	VII. - Highest Domain Score (clinician)	text										
1377	dsm_cross_cut11	<p>Section Header: <i>VIII.</i></p> <p>11. Felt nervous, anxious, or scared?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>0 - None (Not at all)</td></tr> <tr><td>1</td><td>1 - Slight (Rare less than a day or two)</td></tr> <tr><td>2</td><td>2 - Mild (Several days)</td></tr> <tr><td>3</td><td>3 - Moderate (More than half the days)</td></tr> <tr><td>4</td><td>4 - Severe (Nearly every day)</td></tr> </table>	0	0 - None (Not at all)	1	1 - Slight (Rare less than a day or two)	2	2 - Mild (Several days)	3	3 - Moderate (More than half the days)	4	4 - Severe (Nearly every day)
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1378	dsm_cross_cut12	<p>12. Not been able to stop worrying?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>0 - None (Not at all)</td></tr> <tr><td>1</td><td>1 - Slight (Rare less than a day or two)</td></tr> <tr><td>2</td><td>2 - Mild (Several days)</td></tr> <tr><td>3</td><td>3 - Moderate (More than half the days)</td></tr> <tr><td>4</td><td>4 - Severe (Nearly every day)</td></tr> </table>	0	0 - None (Not at all)	1	1 - Slight (Rare less than a day or two)	2	2 - Mild (Several days)	3	3 - Moderate (More than half the days)	4	4 - Severe (Nearly every day)
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1379	dsm_cross_cut13	<p>13. Not been able to do things you wanted to or should have done, because they made you feel nervous?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>0 - None (Not at all)</td></tr> <tr><td>1</td><td>1 - Slight (Rare less than a day or two)</td></tr> <tr><td>2</td><td>2 - Mild (Several days)</td></tr> <tr><td>3</td><td>3 - Moderate (More than half the days)</td></tr> <tr><td>4</td><td>4 - Severe (Nearly every day)</td></tr> </table>	0	0 - None (Not at all)	1	1 - Slight (Rare less than a day or two)	2	2 - Mild (Several days)	3	3 - Moderate (More than half the days)	4	4 - Severe (Nearly every day)
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1380	mbh_ch11_17_score8	VIII. - Highest Domain Score (clinician)	text										
1381	dsm_cross_cut14	<p>Section Header: <i>IX.</i></p> <p>14. Heard voices when there was no one there - speaking about you or telling you what to do or saying bad things to you?</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>0</td><td>0 - None (Not at all)</td></tr> <tr><td>1</td><td>1 - Slight (Rare less than a day or two)</td></tr> <tr><td>2</td><td>2 - Mild (Several days)</td></tr> <tr><td>3</td><td>3 - Moderate (More than half the days)</td></tr> <tr><td>4</td><td>4 - Severe (Nearly every day)</td></tr> </table>	0	0 - None (Not at all)	1	1 - Slight (Rare less than a day or two)	2	2 - Mild (Several days)	3	3 - Moderate (More than half the days)	4	4 - Severe (Nearly every day)
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	1382	dsm_cross_cut15	15. Had visions when you were completely awake - that is, seen something or someone that no one else could see?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - None (Not at all)</td></tr> <tr><td>1</td><td>1 - Slight (Rare less than a day or two)</td></tr> <tr><td>2</td><td>2 - Mild (Several days)</td></tr> <tr><td>3</td><td>3 - Moderate (More than half the days)</td></tr> <tr><td>4</td><td>4 - Severe (Nearly every day)</td></tr> </table>	0	0 - None (Not at all)	1	1 - Slight (Rare less than a day or two)	2	2 - Mild (Several days)	3	3 - Moderate (More than half the days)	4	4 - Severe (Nearly every day)
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	1383	mbh_ch11_17_score9	IX. - Highest Domain Score (clinician)	text										
	1384	dsm_cross_cut16	Section Header: <i>X.</i> 16. Had thoughts that kept coming into your mind that you would do something bad or that something bad would happen to you or to someone else?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - None (Not at all)</td></tr> <tr><td>1</td><td>1 - Slight (Rare less than a day or two)</td></tr> <tr><td>2</td><td>2 - Mild (Several days)</td></tr> <tr><td>3</td><td>3 - Moderate (More than half the days)</td></tr> <tr><td>4</td><td>4 - Severe (Nearly every day)</td></tr> </table>	0	0 - None (Not at all)	1	1 - Slight (Rare less than a day or two)	2	2 - Mild (Several days)	3	3 - Moderate (More than half the days)	4	4 - Severe (Nearly every day)
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	1385	dsm_cross_cut17	17. Felt the need to check on certain things over and over again, like whether a door was locked or whether the stove was turned off?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - None (Not at all)</td></tr> <tr><td>1</td><td>1 - Slight (Rare less than a day or two)</td></tr> <tr><td>2</td><td>2 - Mild (Several days)</td></tr> <tr><td>3</td><td>3 - Moderate (More than half the days)</td></tr> <tr><td>4</td><td>4 - Severe (Nearly every day)</td></tr> </table>	0	0 - None (Not at all)	1	1 - Slight (Rare less than a day or two)	2	2 - Mild (Several days)	3	3 - Moderate (More than half the days)	4	4 - Severe (Nearly every day)
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	1386	dsm_cross_cut18	18. Worried a lot about things you touched being dirty or having germs or being poisoned?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - None (Not at all)</td></tr> <tr><td>1</td><td>1 - Slight (Rare less than a day or two)</td></tr> <tr><td>2</td><td>2 - Mild (Several days)</td></tr> <tr><td>3</td><td>3 - Moderate (More than half the days)</td></tr> <tr><td>4</td><td>4 - Severe (Nearly every day)</td></tr> </table>	0	0 - None (Not at all)	1	1 - Slight (Rare less than a day or two)	2	2 - Mild (Several days)	3	3 - Moderate (More than half the days)	4	4 - Severe (Nearly every day)
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	1387	dsm_cross_cut19	19. Felt you had to do things in a certain way, like counting or saying special things, to keep something bad from happening?	radio (Matrix) <table border="1"> <tr><td>0</td><td>0 - None (Not at all)</td></tr> <tr><td>1</td><td>1 - Slight (Rare less than a day or two)</td></tr> <tr><td>2</td><td>2 - Mild (Several days)</td></tr> <tr><td>3</td><td>3 - Moderate (More than half the days)</td></tr> <tr><td>4</td><td>4 - Severe (Nearly every day)</td></tr> </table>	0	0 - None (Not at all)	1	1 - Slight (Rare less than a day or two)	2	2 - Mild (Several days)	3	3 - Moderate (More than half the days)	4	4 - Severe (Nearly every day)
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	1388	mbh_ch11_17_score10	X. - Highest Domain Score (clinician)	text										
	1389	dsm_cross_cut_past_desc	Section Header: <i>In the past TWO (2) WEEKS, have you</i>	descriptive										
	1390	dsm_cross_cut_past20	Section Header: <i>XI.</i> 20. Had an alcoholic beverage (beer, wine, liquor, etc.)?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No						
1	Yes													
0	No													

	1391	dsm_cross_cut_past21	21. Smoked a cigarette, a cigar, or pipe, or used snuff or chewing tobacco?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No		
1	Yes									
0	No									
	1392	dsm_cross_cut_past22	22. Used drugs like marijuana, cocaine or crack, club drugs (like Ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No		
1	Yes									
0	No									
	1393	dsm_cross_cut_past23	23. Used any medicine without a doctors prescription to get high or change the way you feel (e.g., painkillers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No		
1	Yes									
0	No									
	1394	dsm_cross_cut_past24	Section Header: <i>XII.</i> 24. In the last 2 weeks, have you thought about killing yourself or committing suicide?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No		
1	Yes									
0	No									
	1395	dsm_cross_cut_past25	25. Have you EVER tried to kill yourself?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No		
1	Yes									
0	No									
	1396	mbh_ch_threshold	Section Header: <i>Tier 2: After meeting thresholds</i>	descriptive						
	1397	instruct_phq15ch	Section Header: <i>I. Somatic Symptoms LEVEL 2-Somatic Symptom-Child Age 11-17 (Patient Health QuestionnaireSomatic Symptom Severity (PHQ-15))</i> During the past 4 weeks, how much have you been bothered by any of the following problems?	descriptive						
	1398	stomach_pain	a. Stomach pain	radio (Matrix) <table><tr><td>0</td><td>Not bothered at all</td></tr><tr><td>1</td><td>Bothered a little</td></tr><tr><td>2</td><td>Bothered a lot</td></tr></table>	0	Not bothered at all	1	Bothered a little	2	Bothered a lot
0	Not bothered at all									
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	1399	back_pain	b. Back pain	radio (Matrix) <table><tr><td>0</td><td>Not bothered at all</td></tr><tr><td>1</td><td>Bothered a little</td></tr><tr><td>2</td><td>Bothered a lot</td></tr></table>	0	Not bothered at all	1	Bothered a little	2	Bothered a lot
0	Not bothered at all									
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2	Bothered a lot									
	1400	leg_pain	c. Pain in your arms, legs, or joints (knees, hips, etc.)	radio (Matrix) <table><tr><td>0</td><td>Not bothered at all</td></tr><tr><td>1</td><td>Bothered a little</td></tr><tr><td>2</td><td>Bothered a lot</td></tr></table>	0	Not bothered at all	1	Bothered a little	2	Bothered a lot
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2	Bothered a lot									

	1401	menstrual_pain	d. Menstrual cramps or other problems with your periods (women only)	radio (Matrix) 0 Not bothered at all 1 Bothered a little 2 Bothered a lot
	1402	headache	e. Headaches	radio (Matrix) 0 Not bothered at all 1 Bothered a little 2 Bothered a lot
	1403	chest_pain	f. Chest pain	radio (Matrix) 0 Not bothered at all 1 Bothered a little 2 Bothered a lot
	1404	dizziness	g. Dizziness	radio (Matrix) 0 Not bothered at all 1 Bothered a little 2 Bothered a lot
	1405	fainting	h. Fainting spells	radio (Matrix) 0 Not bothered at all 1 Bothered a little 2 Bothered a lot
	1406	heart_pound	i. Feeling your heart pound or race	radio (Matrix) 0 Not bothered at all 1 Bothered a little 2 Bothered a lot
	1407	short_of_breath	j. Shortness of breath	radio (Matrix) 0 Not bothered at all 1 Bothered a little 2 Bothered a lot
	1408	sexual_pain	k. Pain or problems during sexual intercourse	radio (Matrix) 0 Not bothered at all 1 Bothered a little 2 Bothered a lot
	1409	bowel	l. Constipation, loose bowels, or diarrhea	radio (Matrix) 0 Not bothered at all 1 Bothered a little 2 Bothered a lot
	1410	nausea	m. Nausea, gas, or indigestion	radio (Matrix) 0 Not bothered at all 1 Bothered a little 2 Bothered a lot

	1411	tired	n. Feeling tired or having low energy	radio (Matrix) 0 Not bothered at all 1 Bothered a little 2 Bothered a lot
	1412	sleep	o. Trouble sleeping	radio (Matrix) 0 Not bothered at all 1 Bothered a little 2 Bothered a lot
	1413	mbh_ch_slpdsc	Section Header: <i>II. Sleep Problems LEVEL 2-Sleep Disturbance Child Age 11-17 (PROMIS-Sleep Disturbance-Short Form)</i> Instructions to the child: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that during the past 2 weeks you have been bothered by not being able to fall asleep or stay asleep or by waking up too early at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often you have been bothered by a list of symptoms during the past 7 days.	descriptive
	1414	promis_ch_sleep108	Section Header: <i>In the past 7 days</i> My sleep was restless.	radio (Matrix) 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much
	1415	promis_ch_sleep115	I was satisfied with my sleep.	radio (Matrix) 5 Not at all 4 A little bit 3 Somewhat 2 Quite a bit 1 Very much
	1416	promis_ch_sleep116	My sleep was refreshing.	radio (Matrix) 5 Not at all 4 A little bit 3 Somewhat 2 Quite a bit 1 Very much
	1417	promis_ch_sleep44	I had difficulty falling asleep.	radio (Matrix) 1 Not at all 2 A little bit 3 Somewhat 4 Quite a bit 5 Very much

	1418	promis_ch_sleep87	Section Header: <i>In the past 7 days</i> I had trouble staying asleep.	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
	1419	promis_ch_sleep90	I had trouble sleeping.	radio (Matrix) 1 Never 2 Rarely 3 Sometimes 4 Often 5 Always
	1420	promis_ch_sleep110	I got enough sleep.	radio (Matrix) 5 Never 4 Rarely 3 Sometimes 2 Often 1 Always
	1421	promis_ch_sleep109	Section Header: <i>In the past 7 days</i> My sleep quality was...	radio (Matrix) 5 Very poor 4 Poor 3 Fair 2 Good 1 Very good
	1422	mbh_ch_sleep_dis_ttl	Total/Partial Raw Score	text (integer)
	1423	mbh_ch_sleep_dis_prottl	Prorated Total Raw Score	text (integer)
	1424	mbh_ch_sleep_dis_tscore	T-score	text (number)
	1425	mbh_ch_depresdesc	Section Header: <i>IV. Depression LEVEL 2-Depression-Child Age 11-17 (PROMIS Emotional Distress-Depression-Pediatric Item Bank)</i> Instructions to the child: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that during the past 2 weeks you have been bothered by having little interest or pleasure in doing things and/or feeling down, depressed, or hopeless at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often you have been bothered by a list of symptoms during the past 7 days.	descriptive
	1426	promis_488r1	Section Header: <i>In the past 7 days</i> I could not stop feeling sad.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always

	1427	promis_461r1	I felt alone.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1428	promis_5041r1	I felt everything in my life went wrong.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1429	promis_5035r1	I felt like I couldn't do anything right.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1430	promis_711r1	I felt lonely.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1431	promis_228r1	I felt sad.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1432	promis_712r1	I felt unhappy.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always

	1433	promis_ch_depress8	I thought that my life was bad.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1434	promis_ch_depress9	Being sad made it hard for me to do things with my friends.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1435	promis_ch_depress10	I didn't care about anything.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1436	promis_ch_depress11	I felt stressed.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1437	promis_ch_depress12	I felt too sad to eat.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1438	promis_ch_depress13	I wanted to be by myself.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always

	1439	promis_3952ar2	It was hard for me to have fun.	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1440	mbh_ch_angerdesc	<div>Section Header: <i>V. Anger LEVEL 2-Anger-Child Age 11-17 (PROMIS Emotional Distress-Calibrated Anger Measure-Pediatric)</i></div> <div>Instructions to the child: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that during the past 2 weeks you have been bothered by feeling irritated or easily annoyed and/or feeling angry or lost your temper at a mild or greater level of severity.</div> <div>The questions below ask about these feelings in more detail and especially how often you have been bothered by a list of symptoms during the past 7 days.</div>	descriptive										
	1441	promis_206r1	<div>Section Header: <i>In the past 7 days.</i></div> <div>I felt mad.</div>	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1442	promis_2319ar1	I was so angry I felt like throwing something.	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1443	promis_2581r1	I was so angry I felt like yelling at somebody.	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1444	promis_ch_anger4	When I got mad, I stayed mad.	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													

	1445	promis_5045r1	I felt fed up.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Almost Always</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1446	promis_714r1	I felt upset.	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Almost Never</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Almost Always</td></tr> </table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1447	mbh_ch_irritableinstruc	Section Header: VI. Irritability LEVEL 2 Irritability-Child Age 11-17 (Affective Reactivity Index) Instructions to the child: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that during the past 2 weeks you have been bothered by feeling irritated or easily annoyed and/or feeling angry or lost your temper at a mild or greater level of severity. The questions below ask about these feelings in more detail and especially how often you have been bothered by a list of symptoms during the past 7 days.	descriptive										
	1448	mbh_ch_irritable1	Section Header: In the last SEVEN (7) DAYS and compared to others of the same age, how well does each of the following statements describe your behavior or feelings? Am easily annoyed by others.	radio <table border="1"> <tr><td>0</td><td>Not True</td></tr> <tr><td>1</td><td>Somewhat True</td></tr> <tr><td>2</td><td>Certainly True</td></tr> </table>	0	Not True	1	Somewhat True	2	Certainly True				
0	Not True													
1	Somewhat True													
2	Certainly True													
	1449	mbh_ch_maniainstr	Section Header: VII. Mania LEVEL 2-Mania-Child Age 11-17 (Altman Self-Rating Mania Scale (ASRM)) Instructions to the child: On the DSM-5 Level 1 cross-cutting questionnaire you just completed, you indicated that during the past 2 weeks you have been bothered by feeling so active that you couldn't settle down and/or finding that you didn't sleep a lot at night at a mild or greater level of severity. The five statement groups or questions below ask about these feelings in more detail. 1. Please read each group of statements/question carefully. 2. Choose the one statement in each group that best describes the way you have been feeling for the past week. 3. Check the box next to the number/statement selected. 4. Please note: The word occasionally, when used here means once or twice; often means several times or more and frequently means most of the time.	descriptive										
	1450	mbh_ch_mania1	Question 1	radio <table border="1"> <tr><td>1</td><td>I do not feel happier or more cheerful than usual</td></tr> <tr><td>2</td><td>I occasionally feel happier or more cheerful than usual</td></tr> <tr><td>3</td><td>I often feel happier or more cheerful than usual</td></tr> <tr><td>4</td><td>I feel happier or more cheerful than usual most of the time</td></tr> <tr><td>5</td><td>I feel happier of more cheerful than usual all of the time</td></tr> </table> Custom alignment: LV	1	I do not feel happier or more cheerful than usual	2	I occasionally feel happier or more cheerful than usual	3	I often feel happier or more cheerful than usual	4	I feel happier or more cheerful than usual most of the time	5	I feel happier of more cheerful than usual all of the time
1	I do not feel happier or more cheerful than usual													
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3	I often feel happier or more cheerful than usual													
4	I feel happier or more cheerful than usual most of the time													
5	I feel happier of more cheerful than usual all of the time													

	1451	mbh_ch_mania2	Question 2	<div>radio</div> <table><tr><td>1</td><td>I do not feel more self-confident than usual</td></tr><tr><td>2</td><td>I occasionally feel more self-confident than usual</td></tr><tr><td>3</td><td>I often feel more self-confident than usual</td></tr><tr><td>4</td><td>I frequently feel more self-confident than usual</td></tr><tr><td>5</td><td>I feel extremely self-confident all of the time</td></tr></table> <div>Custom alignment: LV</div>	1	I do not feel more self-confident than usual	2	I occasionally feel more self-confident than usual	3	I often feel more self-confident than usual	4	I frequently feel more self-confident than usual	5	I feel extremely self-confident all of the time
1	I do not feel more self-confident than usual													
2	I occasionally feel more self-confident than usual													
3	I often feel more self-confident than usual													
4	I frequently feel more self-confident than usual													
5	I feel extremely self-confident all of the time													
	1452	mbh_ch_mania3	Question 3	<div>radio</div> <table><tr><td>1</td><td>I do not need less sleep than usual</td></tr><tr><td>2</td><td>I occasionally need less sleep than usual</td></tr><tr><td>3</td><td>I often need less sleep than usual</td></tr><tr><td>4</td><td>I frequently need less sleep than usual</td></tr><tr><td>5</td><td>I can go all day and all night without any sleep and still not feel tired</td></tr></table> <div>Custom alignment: LV</div>	1	I do not need less sleep than usual	2	I occasionally need less sleep than usual	3	I often need less sleep than usual	4	I frequently need less sleep than usual	5	I can go all day and all night without any sleep and still not feel tired
1	I do not need less sleep than usual													
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3	I often need less sleep than usual													
4	I frequently need less sleep than usual													
5	I can go all day and all night without any sleep and still not feel tired													
	1453	mbh_ch_mania4	Question 4	<div>radio</div> <table><tr><td>1</td><td>I do not talk more than usual.</td></tr><tr><td>2</td><td>I occasionally talk more than usual</td></tr><tr><td>3</td><td>I often talk more than usual</td></tr><tr><td>4</td><td>I frequently talk more than usual</td></tr><tr><td>5</td><td>I talk constantly and cannot be interrupted</td></tr></table> <div>Custom alignment: LV</div>	1	I do not talk more than usual.	2	I occasionally talk more than usual	3	I often talk more than usual	4	I frequently talk more than usual	5	I talk constantly and cannot be interrupted
1	I do not talk more than usual.													
2	I occasionally talk more than usual													
3	I often talk more than usual													
4	I frequently talk more than usual													
5	I talk constantly and cannot be interrupted													
	1454	mbh_ch_mania5	Question 5	<div>radio</div> <table><tr><td>1</td><td>I have not been more active (either socially, sexually, at work, home, or school) than usual</td></tr><tr><td>2</td><td>I have occasionally been more active than usual</td></tr><tr><td>3</td><td>I have often been more active than usual</td></tr><tr><td>4</td><td>I have frequently been more active than usual</td></tr><tr><td>5</td><td>I am constantly more active or on the go all the time</td></tr></table> <div>Custom alignment: LV</div>	1	I have not been more active (either socially, sexually, at work, home, or school) than usual	2	I have occasionally been more active than usual	3	I have often been more active than usual	4	I have frequently been more active than usual	5	I am constantly more active or on the go all the time
1	I have not been more active (either socially, sexually, at work, home, or school) than usual													
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5	I am constantly more active or on the go all the time													
	1455	mbh_ch_mania_ttl	Total/Partial Raw Score:	text (integer)										
	1456	mbh_ch_mania_prottl	Prorated Total Raw Score: (if 1 item left unanswered)	text (integer)										
	1457	mbh_ch_anxietyinstr	<div>Section Header: VIII. Anxiety LEVEL 2-Anxiety-Child Age 11-17 (PROMIS Emotional Distress-Anxiety-Pediatric Item Bank)</div> <div>Instructions to the child: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that during the past 2 weeks you have been bothered by feeling nervous, anxious, or scared, not being able to stop worrying and/or not being able to do things you wanted to or should have done because they made you feel nervous at a mild or greater level of severity.</div> <div>The questions below ask about these feelings in more detail and especially how often you have been bothered by a list of symptoms during the past 7 days.</div>	descriptive										

	1458	promis_2220r2r	Section Header: <i>In the past 7 days</i> I felt like something awful might happen.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1459	promis_713r1r	I felt nervous.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1460	promis_227br1r	I felt scared.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1461	promis_5044r1r	I felt worried.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1462	promis_231r1r	I worried about what could happen to me.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1463	promis_3150br2r	I worried when I went to bed at night.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always

	1464	promis_2230r1r	I got scared really easy.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1465	promis_3977r1r	I was afraid of going to school.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1466	promis_3021r1r	I was worried I might die.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1467	promis_3149r1r	I woke up at night scared.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1468	promis_3459br1r	I worried when I was at home.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1469	promis_3459ar1r	I worried when I was away from home.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always

	1470	promis_953r1r	It was hard for me to relax.	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
1	Never													
2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1471	mbh_ch_repetitiveinstru	<p>Section Header: <i>X. Repetitive Thoughts & Behaviors LEVEL 2-Repetitive Thoughts and Behaviors-Child 11-17 (adapted from the Children's Florida Obsessive-Compulsive Inventory [C-FOCI] Severity Scale)</i></p> <p>Instructions to the child: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that during the past 2 weeks you have been bothered by "thoughts that kept coming into your mind that you would do something bad or that something bad would happen to you or to someone else", "feeling the need to check on certain things over and over again, like whether a door was locked or whether the stove was turned off", "worrying a lot about things you touched being dirty or having germs or being poisoned", and/or "feeling you had to do things in a certain way, like counting or saying special things, to keep something bad from happening" at a mild or greater level of severity.The questions below ask about these feelings in more detail and especially how often you have been bothered by a list of symptoms during the past 7 days.</p>	descriptive										
	1472	mbh_ch_repetitive1	<p>Section Header: <i>During the past SEVEN (7) DAYS</i></p> <p>1. On average, how much time is occupied by these thoughts or behaviors each day?</p>	<div>radio</div> <table><tr><td>0</td><td>0-None</td></tr><tr><td>1</td><td>1-Mild (less than an hour a day)</td></tr><tr><td>2</td><td>2-Moderate (1 to 3 hours a day)</td></tr><tr><td>3</td><td>3-Severe (3 to 8 hours a day)</td></tr><tr><td>4</td><td>4-Extreme (more than 8 hours a day)</td></tr></table>	0	0-None	1	1-Mild (less than an hour a day)	2	2-Moderate (1 to 3 hours a day)	3	3-Severe (3 to 8 hours a day)	4	4-Extreme (more than 8 hours a day)
0	0-None													
1	1-Mild (less than an hour a day)													
2	2-Moderate (1 to 3 hours a day)													
3	3-Severe (3 to 8 hours a day)													
4	4-Extreme (more than 8 hours a day)													
	1473	mbh_ch_repetitive_score1	1. Clinician use - Item score	text (integer)										
	1474	mbh_ch_repetitive2	2. How much do they bother you?	<div>radio</div> <table><tr><td>0</td><td>0-None</td></tr><tr><td>1</td><td>1-Mild (slightly upsetting)</td></tr><tr><td>2</td><td>2-Moderate (upsetting but still manageable)</td></tr><tr><td>3</td><td>3-Severe (very upsetting)</td></tr><tr><td>4</td><td>4-Extreme (overwhelming distress)</td></tr></table>	0	0-None	1	1-Mild (slightly upsetting)	2	2-Moderate (upsetting but still manageable)	3	3-Severe (very upsetting)	4	4-Extreme (overwhelming distress)
0	0-None													
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4	4-Extreme (overwhelming distress)													
	1475	mbh_ch_repetitive_score2	2. Clinician use - Item score	text (integer)										
	1476	mbh_ch_repetitive3	3. How hard is it for you to control them?	<div>radio</div> <table><tr><td>0</td><td>0-None</td></tr><tr><td>1</td><td>1-Mild (usually able to control thoughts or behaviors)</td></tr><tr><td>2</td><td>2-Moderate (sometimes able to control thoughts or behaviors)</td></tr><tr><td>3</td><td>3-Severe (not usually able to control thoughts or behaviors)</td></tr><tr><td>4</td><td>4-Extreme (unable to control thoughts or behaviors)</td></tr></table>	0	0-None	1	1-Mild (usually able to control thoughts or behaviors)	2	2-Moderate (sometimes able to control thoughts or behaviors)	3	3-Severe (not usually able to control thoughts or behaviors)	4	4-Extreme (unable to control thoughts or behaviors)
0	0-None													
1	1-Mild (usually able to control thoughts or behaviors)													
2	2-Moderate (sometimes able to control thoughts or behaviors)													
3	3-Severe (not usually able to control thoughts or behaviors)													
4	4-Extreme (unable to control thoughts or behaviors)													
	1477	mbh_ch_repetitive_score3	3. Clinician use - Item score	text (integer)										

	1478	mbh_ch_repetitive4	4. How much do they cause you to avoid doing things, going places or being with people?	radio <table border="1"> <tr><td>0</td><td>0-None</td></tr> <tr><td>1</td><td>1-Mild (occasionally avoids things)</td></tr> <tr><td>2</td><td>2-Moderate (regularly avoids doing these things)</td></tr> <tr><td>3</td><td>3-Severe (frequently avoids these things)</td></tr> <tr><td>4</td><td>4-Extreme (nearly complete avoidance; can't leave the house)</td></tr> </table>	0	0-None	1	1-Mild (occasionally avoids things)	2	2-Moderate (regularly avoids doing these things)	3	3-Severe (frequently avoids these things)	4	4-Extreme (nearly complete avoidance; can't leave the house)		
0	0-None															
1	1-Mild (occasionally avoids things)															
2	2-Moderate (regularly avoids doing these things)															
3	3-Severe (frequently avoids these things)															
4	4-Extreme (nearly complete avoidance; can't leave the house)															
	1479	mbh_ch_repetitive_score4	4. Clinician use - Item score	text (integer)												
	1480	mbh_ch_repetitive5	5. How much do they interfere with school, your social or family life, or your job?	radio <table border="1"> <tr><td>0</td><td>0-None</td></tr> <tr><td>1</td><td>1-Mild (slight interference)</td></tr> <tr><td>2</td><td>2-Moderate (definite interference with functioning, but can still manage)</td></tr> <tr><td>3</td><td>3-Severe (substantial interference)</td></tr> <tr><td>4</td><td>4-Extreme (near-total interference)</td></tr> </table>	0	0-None	1	1-Mild (slight interference)	2	2-Moderate (definite interference with functioning, but can still manage)	3	3-Severe (substantial interference)	4	4-Extreme (near-total interference)		
0	0-None															
1	1-Mild (slight interference)															
2	2-Moderate (definite interference with functioning, but can still manage)															
3	3-Severe (substantial interference)															
4	4-Extreme (near-total interference)															
	1481	mbh_ch_repetitive_score5	5. Clinician use - Item score	text (integer)												
	1482	mbh_ch_repetitive_ttl	Total/Partial Raw Score	text (integer)												
	1483	mbh_ch_repetitive_prottl	Prorated Total Raw Score (if 1 item is left unanswered)	text (integer)												
	1484	mbh_ch_repetitive_avgttl	Average Total Score	text (integer)												
	1485	mbh_ch_substanceinstr	<p>Section Header: <i>XI. Substance Use LEVEL 2 - Substance Use - Child Age 11-17 (adapted from the NIDA-modified ASSIST)</i></p> <p>Instructions to the child: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that during the past 2 weeks you have been bothered by "having an alcoholic beverage"; "smoking a cigarette, a cigar, or pipe or used snuff or chewing tobacco"; "using drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)"; and/or "using any medicine ON YOUR OWN, that is, without a doctor's prescription, to get high or change the way you feel."</p> <p>The questions below ask about these feelings in more detail and especially how often you have been bothered by a list of symptoms during the past two (2) weeks.</p>	descriptive												
	1486	mbh_ch_substance1	<p>Section Header: <i>During the past TWO (2) weeks, about how often did you ...</i></p> <p>a. Have an alcoholic beverage (beer, wine, liquor, etc.)?</p>	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Less Than a Day or Two</td></tr> <tr><td>2</td><td>Several Days</td></tr> <tr><td>3</td><td>More Than Half the Days</td></tr> <tr><td>4</td><td>Nearly Every Day</td></tr> <tr><td>98</td><td>Don't know</td></tr> </table>	0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day	98	Don't know
0	Not at All															
1	Less Than a Day or Two															
2	Several Days															
3	More Than Half the Days															
4	Nearly Every Day															
98	Don't know															
	1487	mbh_ch_substance2	b. Have 4 or more drinks in a single day?	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Less Than a Day or Two</td></tr> <tr><td>2</td><td>Several Days</td></tr> <tr><td>3</td><td>More Than Half the Days</td></tr> <tr><td>4</td><td>Nearly Every Day</td></tr> <tr><td>98</td><td>Don't know</td></tr> </table>	0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day	98	Don't know
0	Not at All															
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2	Several Days															
3	More Than Half the Days															
4	Nearly Every Day															
98	Don't know															

1488	mbh_ch_substance3	c. Smoke a cigarette, a cigar, or pipe or use snuff or chewing tobacco?	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Less Than a Day or Two</td></tr> <tr><td>2</td><td>Several Days</td></tr> <tr><td>3</td><td>More Than Half the Days</td></tr> <tr><td>4</td><td>Nearly Every Day</td></tr> <tr><td>98</td><td>Don't know</td></tr> </table>	0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day	98	Don't know
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1	Less Than a Day or Two														
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4	Nearly Every Day														
98	Don't know														
1489	mbh_ch_substance4	Section Header: <i>During the past TWO (2) weeks, about how often did you use any of the following medicines ON YOUR OWN, that is, without a doctor's prescription or in greater amounts or longer than prescribed?</i> d. Painkillers (like Vicodin)	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Less Than a Day or Two</td></tr> <tr><td>2</td><td>Several Days</td></tr> <tr><td>3</td><td>More Than Half the Days</td></tr> <tr><td>4</td><td>Nearly Every Day</td></tr> <tr><td>98</td><td>Don't know</td></tr> </table>	0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day	98	Don't know
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98	Don't know														
1490	mbh_ch_substance5	e. Stimulants (like Ritalin, Adderall)	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Less Than a Day or Two</td></tr> <tr><td>2</td><td>Several Days</td></tr> <tr><td>3</td><td>More Than Half the Days</td></tr> <tr><td>4</td><td>Nearly Every Day</td></tr> <tr><td>98</td><td>Don't know</td></tr> </table>	0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day	98	Don't know
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98	Don't know														
1491	mbh_ch_substance6	f. Sedatives or tranquilizers (like sleeping pills or Valium)	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Less Than a Day or Two</td></tr> <tr><td>2</td><td>Several Days</td></tr> <tr><td>3</td><td>More Than Half the Days</td></tr> <tr><td>4</td><td>Nearly Every Day</td></tr> <tr><td>98</td><td>Don't know</td></tr> </table>	0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day	98	Don't know
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98	Don't know														
1492	mbh_ch_substance7	Section Header: <i>Or drugs like:</i> g. Steroids	radio (Matrix) <table border="1"> <tr><td>0</td><td>Not at All</td></tr> <tr><td>1</td><td>Less Than a Day or Two</td></tr> <tr><td>2</td><td>Several Days</td></tr> <tr><td>3</td><td>More Than Half the Days</td></tr> <tr><td>4</td><td>Nearly Every Day</td></tr> <tr><td>98</td><td>Don't know</td></tr> </table>	0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day	98	Don't know
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	1493	mbh_ch_substance8	h. Other medicines	<div>radio (Matrix)</div> <table><tr><td>0</td><td>Not at All</td></tr><tr><td>1</td><td>Less Than a Day or Two</td></tr><tr><td>2</td><td>Several Days</td></tr><tr><td>3</td><td>More Than Half the Days</td></tr><tr><td>4</td><td>Nearly Every Day</td></tr><tr><td>98</td><td>Don't know</td></tr></table>		0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day	98	Don't know
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	1494	mbh_ch_substance9	i. Marijuana	<div>radio (Matrix)</div> <table><tr><td>0</td><td>Not at All</td></tr><tr><td>1</td><td>Less Than a Day or Two</td></tr><tr><td>2</td><td>Several Days</td></tr><tr><td>3</td><td>More Than Half the Days</td></tr><tr><td>4</td><td>Nearly Every Day</td></tr><tr><td>98</td><td>Don't know</td></tr></table>		0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day	98	Don't know
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98	Don't know																
	1495	mbh_ch_substance10	j. Cocaine or crack	<div>radio (Matrix)</div> <table><tr><td>0</td><td>Not at All</td></tr><tr><td>1</td><td>Less Than a Day or Two</td></tr><tr><td>2</td><td>Several Days</td></tr><tr><td>3</td><td>More Than Half the Days</td></tr><tr><td>4</td><td>Nearly Every Day</td></tr><tr><td>98</td><td>Don't know</td></tr></table>		0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day	98	Don't know
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98	Don't know																
	1496	mbh_ch_substance11	k. Club drugs (like ecstasy)	<div>radio (Matrix)</div> <table><tr><td>0</td><td>Not at All</td></tr><tr><td>1</td><td>Less Than a Day or Two</td></tr><tr><td>2</td><td>Several Days</td></tr><tr><td>3</td><td>More Than Half the Days</td></tr><tr><td>4</td><td>Nearly Every Day</td></tr><tr><td>98</td><td>Don't know</td></tr></table>		0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day	98	Don't know
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98	Don't know																
	1497	mbh_ch_substance12	l. Hallucinogens (like LSD)	<div>radio (Matrix)</div> <table><tr><td>0</td><td>Not at All</td></tr><tr><td>1</td><td>Less Than a Day or Two</td></tr><tr><td>2</td><td>Several Days</td></tr><tr><td>3</td><td>More Than Half the Days</td></tr><tr><td>4</td><td>Nearly Every Day</td></tr><tr><td>98</td><td>Don't know</td></tr></table>		0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day	98	Don't know
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	1498	mbh_ch_substance13	m. Heroin	radio (Matrix) <table><tr><td>0</td><td>Not at All</td></tr><tr><td>1</td><td>Less Than a Day or Two</td></tr><tr><td>2</td><td>Several Days</td></tr><tr><td>3</td><td>More Than Half the Days</td></tr><tr><td>4</td><td>Nearly Every Day</td></tr><tr><td>98</td><td>Don't know</td></tr></table>	0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day	98	Don't know
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98	Don't know															
	1499	mbh_ch_substance14	n. Inhalants or solvents (like glue)	radio (Matrix) <table><tr><td>0</td><td>Not at All</td></tr><tr><td>1</td><td>Less Than a Day or Two</td></tr><tr><td>2</td><td>Several Days</td></tr><tr><td>3</td><td>More Than Half the Days</td></tr><tr><td>4</td><td>Nearly Every Day</td></tr><tr><td>98</td><td>Don't know</td></tr></table>	0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day	98	Don't know
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98	Don't know															
	1500	mbh_ch_substance15	o. Methamphetamine (like speed)	radio (Matrix) <table><tr><td>0</td><td>Not at All</td></tr><tr><td>1</td><td>Less Than a Day or Two</td></tr><tr><td>2</td><td>Several Days</td></tr><tr><td>3</td><td>More Than Half the Days</td></tr><tr><td>4</td><td>Nearly Every Day</td></tr><tr><td>98</td><td>Don't know</td></tr></table>	0	Not at All	1	Less Than a Day or Two	2	Several Days	3	More Than Half the Days	4	Nearly Every Day	98	Don't know
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	1501	mbh_ch_abuse_ttl	Total/Partial Raw Score:	text (integer)												
	1502	mbh_ch_abuse_prottl	Total/Partial Raw Score:	text (integer)												
	1503	mbh_ch_addtlguide	Additional Guidance: These CDEs include questions that can potentially identify respondents who are at risk of suicide. Investigators implementing this protocol should consult with their IRBs to develop a risk management plan specific to their study to ensure the safety of participants. Investigators should also ensure their studies are compliant with federal, state, and institutional regulations and policies and inform participants of limits of confidentiality when a participant endorses imminent risk of harm to self or others.The following link provides additional information and guidelines for suicide-related research: https://www.nimh.nih.gov/funding/clinical-research/conducting-research-with-participants-at-elevated-risk-for-suicide-considerations-for-researchers .	descriptive												
	1504	mbh_ch_tier1	Section Header: <i>Tier 1: Anxiety, Depression, Fatigue PROMIS scales Pediatric measures</i> Due to early research demonstrating the presence of COVID-19/pandemic related mental health symptoms, anxiety, depressive symptoms, and fatigue PROMIS measures were designated Tier 1 in addition to the DSM-5 screener.	descriptive												
	1505	promis_ch8_17_2220r2r	I felt like something awful might happen.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always		
1	Never															
2	Almost Never															
3	Sometimes															
4	Often															
5	Almost Always															

	1506	promis_ch8_17_713r1r	I felt nervous.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
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	1507	promis_ch8_17_227br1r	I felt scared.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
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	1508	promis_ch8_17_5044r1r	I felt worried.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
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	1509	promis_ch8_17_3459br1r	I worried when I was at home.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
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5	Almost Always													
	1510	promis_ch8_17_2230r1r	I got scared really easy.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
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	1511	promis_ch8_17_231r1r	I worried about what could happen to me.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
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	1512	promis_ch8_17_3150br2r	I worried when I went to bed at night.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
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	1513	promis_ch8_17_488r1r	Section Header: <i>In the past 7 days</i> I could not stop feeling sad.	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Almost Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Almost Always</td></tr></table>	0	Never	1	Almost Never	2	Sometimes	3	Often	4	Almost Always
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	1514	promis_ch8_17_461r1r	I felt alone.	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Almost Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Almost Always</td></tr></table>	0	Never	1	Almost Never	2	Sometimes	3	Often	4	Almost Always
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	1515	promis_ch8_17_5041r1r	I felt everything in my life went wrong.	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Almost Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Almost Always</td></tr></table>	0	Never	1	Almost Never	2	Sometimes	3	Often	4	Almost Always
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	1516	promis_ch8_17_5035r1r	I felt like I couldn't do anything right.	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Almost Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Almost Always</td></tr></table>	0	Never	1	Almost Never	2	Sometimes	3	Often	4	Almost Always
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	1517	promis_ch8_17_711r1r	I felt lonely.	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Almost Never</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Often</td></tr><tr><td>4</td><td>Almost Always</td></tr></table>	0	Never	1	Almost Never	2	Sometimes	3	Often	4	Almost Always
0	Never													
1	Almost Never													
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	1518	promis_ch8_17_228r1r	I felt sad.	radio (Matrix) 0 Never 1 Almost Never 2 Sometimes 3 Often 4 Almost Always
	1519	promis_ch8_17_712r1r	I felt unhappy.	radio (Matrix) 0 Never 1 Almost Never 2 Sometimes 3 Often 4 Almost Always
	1520	promis_ch8_17_3952ar2r	It was hard for me to have fun.	radio (Matrix) 0 Never 1 Almost Never 2 Sometimes 3 Often 4 Almost Always
	1521	promis_4239ar2r	Section Header: <i>In the past 7 days</i> Being tired made it hard for me to keep up with my schoolwork.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1522	promis_4212r1r	Being tired made it hard for me to play or go out with my friends as much as I'd like.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1523	promis_4213r1r	I felt weak.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always

	1524	promis_2876r1r	I got tired easily.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
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5	Almost Always													
	1525	promis_4221r1r	I had trouble finishing things because I was too tired.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
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3	Sometimes													
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	1526	promis_4220r1r	I had trouble starting things because I was too tired.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
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4	Often													
5	Almost Always													
	1527	promis_4210r2r	I was so tired it was hard for me to pay attention.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
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2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													
	1528	promis_4241r2r	I was too tired to do sports or exercise.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
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3	Sometimes													
4	Often													
5	Almost Always													
	1529	promis_4208br2r	I was too tired to do things outside.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
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2	Almost Never													
3	Sometimes													
4	Often													
5	Almost Always													

	1530	promis_4196r1r	I was too tired to enjoy the things I like to do.	radio (Matrix) <table><tr><td>1</td><td>Never</td></tr><tr><td>2</td><td>Almost Never</td></tr><tr><td>3</td><td>Sometimes</td></tr><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Almost Always</td></tr></table>	1	Never	2	Almost Never	3	Sometimes	4	Often	5	Almost Always
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3	Sometimes													
4	Often													
5	Almost Always													
	1531	rcads_ch8_18_desc	Section Header: <i>Tier 2: RCADS Anxiety and Depression Scale (Ages 8-18)</i> Due to early research demonstrating the presence of COVID-19/pandemic related mental health symptoms, anxiety, and depression RCADS measures were designated Tier 2 in addition to the DSM-5 screener and PROMIS Tier 1 measures.	descriptive										
	1532	rcads_ch8_18_q1	Section Header: <i>Please select the word that shows how often each of these things happens to you. There are no right or wrong answers.</i> 1. I worry about things	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Sometimes</td></tr><tr><td>2</td><td>Often</td></tr><tr><td>3</td><td>Always</td></tr></table>	0	Never	1	Sometimes	2	Often	3	Always		
0	Never													
1	Sometimes													
2	Often													
3	Always													
	1533	rcads_ch8_18_q2	2. I feel sad or empty	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Sometimes</td></tr><tr><td>2</td><td>Often</td></tr><tr><td>3</td><td>Always</td></tr></table>	0	Never	1	Sometimes	2	Often	3	Always		
0	Never													
1	Sometimes													
2	Often													
3	Always													
	1534	rcads_ch8_18_q3	3. When I have a problem, I get a funny feeling in my stomach	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Sometimes</td></tr><tr><td>2</td><td>Often</td></tr><tr><td>3</td><td>Always</td></tr></table>	0	Never	1	Sometimes	2	Often	3	Always		
0	Never													
1	Sometimes													
2	Often													
3	Always													
	1535	rcads_ch8_18_q4	4. I worry when I think I have done poorly at something	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Sometimes</td></tr><tr><td>2</td><td>Often</td></tr><tr><td>3</td><td>Always</td></tr></table>	0	Never	1	Sometimes	2	Often	3	Always		
0	Never													
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2	Often													
3	Always													
	1536	rcads_ch8_18_q5	5. I would feel afraid of being on my own at home	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Sometimes</td></tr><tr><td>2</td><td>Often</td></tr><tr><td>3</td><td>Always</td></tr></table>	0	Never	1	Sometimes	2	Often	3	Always		
0	Never													
1	Sometimes													
2	Often													
3	Always													
	1537	rcads_ch8_18_q6	6. Nothing is much fun anymore	radio (Matrix) <table><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Sometimes</td></tr><tr><td>2</td><td>Often</td></tr><tr><td>3</td><td>Always</td></tr></table>	0	Never	1	Sometimes	2	Often	3	Always		
0	Never													
1	Sometimes													
2	Often													
3	Always													

	1538	rcads_ch8_18_q7	7. I feel scared when I have to take a test	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1539	rcads_ch8_18_q8	8. I feel worried when I think someone is angry with me	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1540	rcads_ch8_18_q9	9. I worry about being away from my parents	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1541	rcads_ch8_18_q10	10. I get bothered by bad or silly thoughts or pictures in my mind	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1542	rcads_ch8_18_q11	11. I have trouble sleeping	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1543	rcads_ch8_18_q12	12. I worry that I will do badly at my schoolwork	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1544	rcads_ch8_18_q13	13. I worry that something awful will happen to someone in my family	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1545	rcads_ch8_18_q14	14. I suddenly feel as if I can't breathe when there is no reason for this	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always

	1546	rcads_ch8_18_q15	15. I have problems with my appetite	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1547	rcads_ch8_18_q16	16. I have to keep checking that I have done things right (like the switch is off, or the door is locked)	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1548	rcads_ch8_18_q17	17. I feel scared if I have to sleep on my own	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1549	rcads_ch8_18_q18	18. I have trouble going to school in the mornings because I feel nervous or afraid	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1550	rcads_ch8_18_q19	19. I have no energy for things	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1551	rcads_ch8_18_q20	20. I worry I might look foolish	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1552	rcads_ch8_18_q21	21. I am tired a lot	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1553	rcads_ch8_18_q22	22. I worry that bad things will happen to me	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always

	1554	rcads_ch8_18_q23	23. I can't seem to get bad or silly thoughts out of my head	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1555	rcads_ch8_18_q24	24. When I have a problem, my heart beats really fast	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1556	rcads_ch8_18_q25	25. I cannot think clearly	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1557	rcads_ch8_18_q26	26. I suddenly start to tremble or shake when there is no reason for this	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1558	rcads_ch8_18_q27	27. I worry that something bad will happen to me	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1559	rcads_ch8_18_q28	28. When I have a problem, I feel shaky	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1560	rcads_ch8_18_q29	29. I feel worthless	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1561	rcads_ch8_18_q30	30. I worry about making mistakes	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always

	1562	rcads_ch8_18_q31	31. I have to think of special thoughts (like numbers or words) to stop bad things from happening	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1563	rcads_ch8_18_q32	32. I worry what other people think of me	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1564	rcads_ch8_18_q33	33. I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1565	rcads_ch8_18_q34	34. All of a sudden, I feel really scared for no reason at all	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1566	rcads_ch8_18_q35	35. I worry about what is going to happen	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1567	rcads_ch8_18_q36	36. I suddenly become dizzy or faint when there is no reason for this	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1568	rcads_ch8_18_q37	37. I think about death	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1569	rcads_ch8_18_q38	38. I feel afraid if I have to talk in front of my class	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always

	1570	rcads_ch8_18_q39	39. My heart suddenly starts to beat too quickly for no reason	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1571	rcads_ch8_18_q40	40. I feel like I dont want to move	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1572	rcads_ch8_18_q41	41. I worry that I will suddenly get a scared feeling when there is nothing to be afraid of	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1573	rcads_ch8_18_q42	42. I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1574	rcads_ch8_18_q43	43. I feel afraid that I will make a fool of myself in front of people	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1575	rcads_ch8_18_q44	44. I have to do some things in just the right way to stop bad things from happening	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1576	rcads_ch8_18_q45	45. I worry when I go to bed at night	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1577	rcads_ch8_18_q46	46. I would feel scared if I had to stay away from home overnight	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always

	1578	rcads_ch8_18_q47	47. I feel restless	radio (Matrix) 0 Never 1 Sometimes 2 Often 3 Always
	1579	trauma_ch8_18_desc	Section Header: <i>Tier 2</i> TRAUMA Age 8-17 CRIES-8	descriptive
	1580	trauma_ch8_18_q1	Section Header: <i>Below is a list of comments made by people after stressful life events. Please tick each item showing how frequently these comments were true for you during the past seven days. If they did not occur during that time, please tick the 'not at all' box.</i> 1. Do you think about it even when you don't mean to?	radio (Matrix) 0 Not at all 1 Rarely 3 Sometimes 5 Often
	1581	trauma_ch8_18_q2	2. Do you try to remove it from your memory?	radio (Matrix) 0 Not at all 1 Rarely 3 Sometimes 5 Often
	1582	trauma_ch8_18_q3	3. Do you have waves of strong feelings about it?	radio (Matrix) 0 Not at all 1 Rarely 3 Sometimes 5 Often
	1583	trauma_ch8_18_q4	4. Do you stay away from reminders of it (e.g. places or situations)?	radio (Matrix) 0 Not at all 1 Rarely 3 Sometimes 5 Often
	1584	trauma_ch8_18_q5	5. Do you try to talk about it?	radio (Matrix) 0 Not at all 1 Rarely 3 Sometimes 5 Often
	1585	trauma_ch8_18_q6	6. Do pictures about it pop into your mind?	radio (Matrix) 0 Not at all 1 Rarely 3 Sometimes 5 Often

	1586	trauma_ch8_18_q7	7. Do other things keep making you think about it?	radio (Matrix) 0 Not at all 1 Rarely 3 Sometimes 5 Often
	1587	trauma_ch8_18_q8	8. Do you try not to think about it?	radio (Matrix) 0 Not at all 1 Rarely 3 Sometimes 5 Often
	1588	desc	Section Header: <i>PROMIS Pain Interference Age 8-17</i>	descriptive
	1589	promis_1698br1r	Section Header: <i>In the past 7 days</i> I felt angry when I had pain.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1590	promis_2035r1r	I had trouble doing schoolwork when I had pain.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1591	promis_3793r1r	I had trouble sleeping when I had pain.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always
	1592	promis_9004r	It was hard for me to pay attention when I had pain.	radio (Matrix) 1 Never 2 Almost Never 3 Sometimes 4 Often 5 Almost Always

	1593	promis_2045r1r	It was hard for me to run when I had pain.	<div>radio (Matrix)</div> <div><div>1</div>Never</div> <div><div>2</div>Almost Never</div> <div><div>3</div>Sometimes</div> <div><div>4</div>Often</div> <div><div>5</div>Almost Always</div>
	1594	promis_2049r1r	It was hard for me to walk one block when I had pain.	<div>radio (Matrix)</div> <div><div>1</div>Never</div> <div><div>2</div>Almost Never</div> <div><div>3</div>Sometimes</div> <div><div>4</div>Often</div> <div><div>5</div>Almost Always</div>
	1595	promis_1703r1r	It was hard to have fun when I had pain.	<div>radio (Matrix)</div> <div><div>1</div>Never</div> <div><div>2</div>Almost Never</div> <div><div>3</div>Sometimes</div> <div><div>4</div>Often</div> <div><div>5</div>Almost Always</div>
	1596	promis_2180r1r	It was hard to stay standing when I had pain.	<div>radio (Matrix)</div> <div><div>1</div>Never</div> <div><div>2</div>Almost Never</div> <div><div>3</div>Sometimes</div> <div><div>4</div>Often</div> <div><div>5</div>Almost Always</div>
	1597	promis_pedspcf5_fc	<div>Section Header: PROMIS Cognitive FunctionAge 8-17In the past 4 weeks</div> <div>I have to use written lists more often than other people my age so I will not forget things.</div>	<div>radio (Matrix)</div> <div><div>5</div>None of the time</div> <div><div>4</div>A little of the time</div> <div><div>3</div>Some of the time</div> <div><div>2</div>Most of the time</div> <div><div>1</div>All of the time</div>
	1598	promis_nqcog44_2c	It is hard for me to pay attention to one thing for more than 5-10 minutes.	<div>radio (Matrix)</div> <div><div>5</div>None of the time</div> <div><div>4</div>A little of the time</div> <div><div>3</div>Some of the time</div> <div><div>2</div>Most of the time</div> <div><div>1</div>All of the time</div>


1599	promis_nqcog65_2c	I have trouble keeping track of what I am doing if I get interrupted.	radio (Matrix) <table border="1"> <tr><td>5</td><td>None of the time</td></tr> <tr><td>4</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>1</td><td>All of the time</td></tr> </table>	5	None of the time	4	A little of the time	3	Some of the time	2	Most of the time	1	All of the time
5	None of the time												
4	A little of the time												
3	Some of the time												
2	Most of the time												
1	All of the time												
1600	promis_pb10_fc	I have to read things several times to understand them.	radio (Matrix) <table border="1"> <tr><td>5</td><td>None of the time</td></tr> <tr><td>4</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>1</td><td>All of the time</td></tr> </table>	5	None of the time	4	A little of the time	3	Some of the time	2	Most of the time	1	All of the time
5	None of the time												
4	A little of the time												
3	Some of the time												
2	Most of the time												
1	All of the time												
1601	promis_pb8_fc	I forget things easily.	radio (Matrix) <table border="1"> <tr><td>5</td><td>None of the time</td></tr> <tr><td>4</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>1</td><td>All of the time</td></tr> </table>	5	None of the time	4	A little of the time	3	Some of the time	2	Most of the time	1	All of the time
5	None of the time												
4	A little of the time												
3	Some of the time												
2	Most of the time												
1	All of the time												
1602	promis_pedspcf8_fc	I have to work really hard to pay attention or I make mistakes	radio (Matrix) <table border="1"> <tr><td>5</td><td>None of the time</td></tr> <tr><td>4</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>1</td><td>All of the time</td></tr> </table>	5	None of the time	4	A little of the time	3	Some of the time	2	Most of the time	1	All of the time
5	None of the time												
4	A little of the time												
3	Some of the time												
2	Most of the time												
1	All of the time												
1603	promis_pedspcf6_fc	I have trouble remembering to do things like school projects or chores	radio (Matrix) <table border="1"> <tr><td>5</td><td>None of the time</td></tr> <tr><td>4</td><td>A little of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>2</td><td>Most of the time</td></tr> <tr><td>1</td><td>All of the time</td></tr> </table>	5	None of the time	4	A little of the time	3	Some of the time	2	Most of the time	1	All of the time
5	None of the time												
4	A little of the time												
3	Some of the time												
2	Most of the time												
1	All of the time												
1604	mbh_ch_tier2	Section Header: <i>Tier 2: Externalizing Symptoms</i> While prioritized as a Tier 2 measure, this Working Group does not recommend specific measures since the most commonly used measures (Child Behavior Checklist and Strengths and Difficulties Questionnaire) require licensing. The Multidimensional Assessment Profile of Disruptive Behavior (MAP-DB), is available for use as well and does not require a license.	descriptive										
1605	mental_and_behavioral_health_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												

Instrument: **Health Care** (health_care)  Enabled as survey


^ Collapse
 Collapse

	1606	hc_p_abtch	Section Header: <i>Health Insurance Status</i> Parent Report About Child	descriptive Field Annotation: RADxUP https://radx-up.org/wp-content/uploads/2021/01/RADx-UP_-REDCap20201230_codebook-.pdf Modified to ask about child																		
	1607	hc_p_abtch_status	What is the primary kind of health insurance or health care plan that your child has now?	radio <table border="1"><tr><td>1</td><td>Child does NOT have health insurance</td></tr><tr><td>2</td><td>Private (purchased directly or through employment)</td></tr><tr><td>3</td><td>Public (Medicare, Medicaid, Tricare)</td></tr><tr><td>98</td><td>Don't know</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Custom alignment: LV	1	Child does NOT have health insurance	2	Private (purchased directly or through employment)	3	Public (Medicare, Medicaid, Tricare)	98	Don't know	99	Prefer not to answer								
1	Child does NOT have health insurance																					
2	Private (purchased directly or through employment)																					
3	Public (Medicare, Medicaid, Tricare)																					
98	Don't know																					
99	Prefer not to answer																					
	1608	hc_p_abtch_insurance	Section Header: <i>COVID-19 Changes to Health Insurance Parent Report About Child</i> During this pandemic (since March 2020) has this child had a change in their health insurance coverage?	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: Pregnancy CDE MACS-WIHS Baseline COVID-19 Abbreviated Questionnaire https://dr2.nlm.nih.gov/search/?q=24206	1	Yes	0	No														
1	Yes																					
0	No																					
	1609	hc_p_abtch_insurance_yes Show the field ONLY if: [hc_p_abtch_insurance]='1'	If yes, what changes occurred?	radio <table border="1"><tr><td>1</td><td>Loss of this child's health insurance</td></tr><tr><td>2</td><td>Fewer benefits / less coverage from insurance</td></tr><tr><td>3</td><td>Gaining of insurance, for example as part of emergency coverage of Medicaid expansion</td></tr></table> Custom alignment: LV	1	Loss of this child's health insurance	2	Fewer benefits / less coverage from insurance	3	Gaining of insurance, for example as part of emergency coverage of Medicaid expansion												
1	Loss of this child's health insurance																					
2	Fewer benefits / less coverage from insurance																					
3	Gaining of insurance, for example as part of emergency coverage of Medicaid expansion																					
	1610	hc_p_abtch_hca	Section Header: <i>COVID-19 Changes to Health Care Access Parent Report About Child</i> During the COVID-19 pandemic (since March 2020), was there any time when this child needed health care, but it was not received? By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire https://mchb.hrsa.gov/data/national-surveys/questionnaires-datasets-supporting-documents	1	Yes	0	No														
1	Yes																					
0	No																					
	1611	hc_p_abtch_hca_yes Show the field ONLY if: [hc_p_abtch_hca] = '1'	If yes, which types of care were not received? Select all that apply:	checkbox <table border="1"><tr><td>1</td><td>hc_p_abtch_hca_yes__1</td><td>Medical Care</td></tr><tr><td>2</td><td>hc_p_abtch_hca_yes__2</td><td>Dental Care</td></tr><tr><td>3</td><td>hc_p_abtch_hca_yes__3</td><td>Vision Care</td></tr><tr><td>4</td><td>hc_p_abtch_hca_yes__4</td><td>Hearing Care</td></tr><tr><td>5</td><td>hc_p_abtch_hca_yes__5</td><td>Mental Health Services</td></tr><tr><td>96</td><td>hc_p_abtch_hca_yes__96</td><td>Other (Specify)</td></tr></table>	1	hc_p_abtch_hca_yes__1	Medical Care	2	hc_p_abtch_hca_yes__2	Dental Care	3	hc_p_abtch_hca_yes__3	Vision Care	4	hc_p_abtch_hca_yes__4	Hearing Care	5	hc_p_abtch_hca_yes__5	Mental Health Services	96	hc_p_abtch_hca_yes__96	Other (Specify)
1	hc_p_abtch_hca_yes__1	Medical Care																				
2	hc_p_abtch_hca_yes__2	Dental Care																				
3	hc_p_abtch_hca_yes__3	Vision Care																				
4	hc_p_abtch_hca_yes__4	Hearing Care																				
5	hc_p_abtch_hca_yes__5	Mental Health Services																				
96	hc_p_abtch_hca_yes__96	Other (Specify)																				
	1612	hc_p_abtch_hca_yes_oth Show the field ONLY if: [hc_p_abtch_hca_yes(96)]='1'	Specify other	text																		

1613	hc_p_abtch_hca_rate_mhca	<p>Please rate how much the coronavirus pandemic has changed your family's life in each of the following ways</p> <p>Medical health care access</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>No change</td> </tr> <tr> <td>2</td> <td>Appointments moved to telehealth</td> </tr> <tr> <td>3</td> <td>Delays or cancellations in appointments and/or delays in getting prescriptions or regular vaccinations (e.g., MMR); changes have minimal impact on health</td> </tr> <tr> <td>4</td> <td>Unable to access needed care resulting in severe risk and/or significant impact</td> </tr> </table> <p>Custom alignment: LV Field Annotation: ABCD COVID-19 Impact Parent Report Modified to add vaccinations to question stem Modified to remove "Mild", "Moderate", "Severe" https://www.nlm.nih.gov/dr2/ABCD_COVID-19_Impact_Measure-Parent.pdf</p>	1	No change	2	Appointments moved to telehealth	3	Delays or cancellations in appointments and/or delays in getting prescriptions or regular vaccinations (e.g., MMR); changes have minimal impact on health	4	Unable to access needed care resulting in severe risk and/or significant impact
1	No change										
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4	Unable to access needed care resulting in severe risk and/or significant impact										
1614	hc_p_abtch_hca_rate_mhta	<p>Please rate how much the coronavirus pandemic has changed your family's life in each of the following ways</p> <p>Mental health treatment access</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>No change</td> </tr> <tr> <td>2</td> <td>Appointments moved to telehealth</td> </tr> <tr> <td>3</td> <td>Delays or cancellations in appointments and/or delays in getting prescriptions or regular vaccinations (e.g., MMR); changes have minimal impact on health</td> </tr> <tr> <td>4</td> <td>Unable to access needed care resulting in severe risk and/or significant impact</td> </tr> </table> <p>Custom alignment: LV</p>	1	No change	2	Appointments moved to telehealth	3	Delays or cancellations in appointments and/or delays in getting prescriptions or regular vaccinations (e.g., MMR); changes have minimal impact on health	4	Unable to access needed care resulting in severe risk and/or significant impact
1	No change										
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4	Unable to access needed care resulting in severe risk and/or significant impact										
1615	hc_p_abtch_treatment1	<p>Section Header: <i>Receiving Behavioral Health/Mental Health Treatment (Tier 2) Parent Report About Child</i></p> <p>During the COVID-19 pandemic (since March 2020), has this child received any treatment or counseling from a mental health professional? Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers</p>	<p>radio</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No, but this child needed to see a mental health professional</td> </tr> <tr> <td>3</td> <td>No, this child did not need to see a mental health professional</td> </tr> </table> <p>Custom alignment: LV Field Annotation: National Survey of Children's Health, 2020 Questionnaire https://mchb.hrsa.gov/data/national-surveys/questionnaires-datasets-supporting-documents</p>	1	Yes	2	No, but this child needed to see a mental health professional	3	No, this child did not need to see a mental health professional		
1	Yes										
2	No, but this child needed to see a mental health professional										
3	No, this child did not need to see a mental health professional										
1616	hc_p_abtch_treatment2	<p>During the COVID-19 pandemic (since March 2020), has this child taken any medication because of difficulties with their emotions, concentration, or behavior?</p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Custom alignment: RH</p>	1	Yes	0	No				
1	Yes										
0	No										
1617	hc_p_abtch_develop1	<p>Section Header: <i>Services for Developmental Needs (Tier 2)</i></p> <p>Has this child EVER received special services to meet their developmental needs such as speech, occupational, or behavioral therapy?</p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Custom alignment: RH Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to ask before pandemic https://mchb.hrsa.gov/data/national-surveys/questionnaires-datasets-supporting-documents</p>	1	Yes	0	No				
1	Yes										
0	No										

	1618	hc_p_abtch_develop2	Is/was this child receiving these special services during the pandemic (since March 2020)?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No						
1	Yes													
0	No													
	1619	hc_p_abtch_develop3	Was this child receiving these special services before the pandemic (before March 2020)?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No						
1	Yes													
0	No													
	1620	health_care_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete													
1	Unverified													
2	Complete													
Instrument: Demographics (demographics)  Enabled as survey ⤴ Collapse Collapse														
	1621	sex_descr	Section Header: <i>COVID-19 Pediatric Joint Group Discussion Recommended Measures</i> Sex	descriptive										
	1622	d_sex	What was the participant's sex assigned at birth?	radio <table><tr><td>1</td><td>Female</td></tr><tr><td>2</td><td>Male</td></tr><tr><td>3</td><td>Intersex</td></tr><tr><td>4</td><td>None of these describe the participant</td></tr><tr><td>99</td><td>Prefer not to answer</td></tr></table> Field Annotation: RADxUP CDE https://radx-up.org/wp-content/uploads/2021/01/RADx-UP_-REDCap20201230_codebook-.pdf PX011601 https://www.phenxtoolkit.org/protocols/view/%2011601 Modified to remove "biological" consistent with RADxUP, modified to ask "participant" instead of "you"	1	Female	2	Male	3	Intersex	4	None of these describe the participant	99	Prefer not to answer
1	Female													
2	Male													
3	Intersex													
4	None of these describe the participant													
99	Prefer not to answer													
	1623	age_descr	Age	descriptive										
	1624	d_age	[> 2 years] What is the participant's current age in years? <i>years</i>	text (integer, Min: 2) Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1 RADx CDE https://www.radxrad.org/resource/guidance-for-use-of-common-data-elements-cdes/ modified to ask "participant"										
	1625	d_age_2	[< 2 years] What is the participant's current age in months? <i>months</i>	text (integer, Min: 0, Max: 48) Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1 RADx CDE https://www.radxrad.org/resource/guidance-for-use-of-common-data-elements-cdes/ modified to ask "participant"										
	1626	d_gest_age	Section Header: <i>Gestational age at birth (Tier 2) (Ages 0-2 years)</i> If < 2 years of age, what was the participant's gestational age at birth (in weeks)? <i>weeks</i>	text (number) Field Annotation: Biomedical Pediatric WG, https://www.cdc.gov/nchs/nvss/facility-worksheets-guide/30.htm ? Sort=URL%3A%3Aasc&Categories=Newborn%20Information										
	1627	d_gest_age_unkref Show the field ONLY if: [d_gest_age]="		radio <table><tr><td>98</td><td>Unknown</td></tr><tr><td>99</td><td>Refused</td></tr></table>	98	Unknown	99	Refused						
98	Unknown													
99	Refused													
	1628	eth_descr	Section Header: Ethnicity	descriptive										

	1629	d_ethn	Is the participant of Hispanic, Latino, or Spanish origin?	<div>radio</div> <table><tr><td>1</td><td>No, not of Hispanic, Latino, or Spanish origin</td></tr><tr><td>2</td><td>Yes, of Hispanic, Latino, or Spanish origin</td></tr><tr><td>99</td><td>Prefer not to say</td></tr></table> <div>Field Annotation: Census https://www.phenxtoolkit.org/protocols/view/11901 modified to ask "participant"</div>	1	No, not of Hispanic, Latino, or Spanish origin	2	Yes, of Hispanic, Latino, or Spanish origin	99	Prefer not to say															
1	No, not of Hispanic, Latino, or Spanish origin																								
2	Yes, of Hispanic, Latino, or Spanish origin																								
99	Prefer not to say																								
	1630	race_descr	Race	descriptive																					
	1631	d_race	What is the participant's race? Mark one or more boxes	<div>checkbox</div> <table><tr><td>1</td><td>d_race__1</td><td>American Indian or Alaska Native</td></tr><tr><td>2</td><td>d_race__2</td><td>Asian</td></tr><tr><td>3</td><td>d_race__3</td><td>Black or African American</td></tr><tr><td>4</td><td>d_race__4</td><td>Native Hawaiian or Other Pacific Islander</td></tr><tr><td>5</td><td>d_race__5</td><td>White</td></tr><tr><td>96</td><td>d_race__96</td><td>Some other race</td></tr><tr><td>99</td><td>d_race__99</td><td>Prefer not to answer</td></tr></table> <div>Field Annotation: RADx, RADxUP https://www.radxrad.org/wp-content/uploads/2021/03/RADx_rad_CDE_guideline_1.2.pdf</div>	1	d_race__1	American Indian or Alaska Native	2	d_race__2	Asian	3	d_race__3	Black or African American	4	d_race__4	Native Hawaiian or Other Pacific Islander	5	d_race__5	White	96	d_race__96	Some other race	99	d_race__99	Prefer not to answer
1	d_race__1	American Indian or Alaska Native																							
2	d_race__2	Asian																							
3	d_race__3	Black or African American																							
4	d_race__4	Native Hawaiian or Other Pacific Islander																							
5	d_race__5	White																							
96	d_race__96	Some other race																							
99	d_race__99	Prefer not to answer																							
	1632	zip_descr	Section Header: Zip Code	descriptive																					
	1633	d_zip	What is the participant's 5-digit zip code?	text (zipcode) Field Annotation: Clinical Data Coordination Group (Project 5) CDE, Tier 1 modified to ask "participant"																					
	1634	demogdesc3	Additional Guidance: Participant's zip code and birth date are protected health information, please refer to the guidance document for more information.	descriptive																					
	1635	d_ch_transgender	Section Header: <i>Gender Identity (Tier 2) Additional Guidance: The Working Group consulted the NIH Sexual & Gender Minority Research Office (SGMRO) to ascertain whether there is an established measure of Gender Identity validated in children as the PhenX P11801 Measure is for participants 18+ years. As of now, there is not a preferred pediatric-specific validated measure, and this remains an important gap in the SGM data collection repertoire. There are many ongoing efforts to address this gap, including the work of the Measuring Sexual Orientation and Gender Identity (SOGI) Research Group's Youth Subgroup, and an in-progress NIH-commissioned consensus report from the National Academies of Sciences, Engineering, and Medicine on collecting sex, gender identity, and sexual orientation data. One measure used in ages 9-10 in the ABCD Study® is presented below, and this data element will be amended if future guidance on the topic is updated:</i> Child Self-Report (Ages 9+) Are you transgender?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>Maybe</td></tr><tr><td>3</td><td>No</td></tr><tr><td>99</td><td>Did not understand</td></tr></table> <div>Field Annotation: ABCD https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6584307/</div>	1	Yes	2	Maybe	3	No	99	Did not understand													
1	Yes																								
2	Maybe																								
3	No																								
99	Did not understand																								
	1636	d_p_abtch_transgender	Section Header: <i>Parent Report about Child (Ages 9+)</i> Is your child transgender?	<div>radio</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>Maybe/dont know</td></tr><tr><td>3</td><td>No</td></tr><tr><td>99</td><td>Decline to answer</td></tr></table>	1	Yes	2	Maybe/dont know	3	No	99	Decline to answer													
1	Yes																								
2	Maybe/dont know																								
3	No																								
99	Decline to answer																								
	1637	demographics_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete															
0	Incomplete																								
1	Unverified																								
2	Complete																								

Instrument: Disability Functional Status (disability_functional_status)  Enabled as survey <div><div>^ Collapse</div><div>Collapse</div></div>				
	1638	dfs_ch_15_deaf	Section Header: <i>Disability Status (Tier 2) Child Self-Report (Ages 15+)</i> 1. Are you deaf, or do you have serious difficulty hearing?	yesno <div><div>1</div><div>Yes</div></div> <div><div>0</div><div>No</div></div> Custom alignment: RH Field Annotation: ACS-6 https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html
	1639	dfs_ch_blind	2. Are you blind, or do you have serious difficulty seeing, even when wearing glasses?	yesno <div><div>1</div><div>Yes</div></div> <div><div>0</div><div>No</div></div> Custom alignment: RH
	1640	dfs_ch_condition	3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)	yesno <div><div>1</div><div>Yes</div></div> <div><div>0</div><div>No</div></div> Custom alignment: RH
	1641	dfs_ch_walking	4. Do you have serious difficulty walking or climbing stairs? (5 years old or older)	yesno <div><div>1</div><div>Yes</div></div> <div><div>0</div><div>No</div></div> Custom alignment: RH
	1642	dfs_ch_dress	5. Do you have difficulty dressing or bathing? (5 years old or older)	yesno <div><div>1</div><div>Yes</div></div> <div><div>0</div><div>No</div></div> Custom alignment: RH
	1643	dfs_ch_errands	6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)	yesno <div><div>1</div><div>Yes</div></div> <div><div>0</div><div>No</div></div> Custom alignment: RH
	1644	dfs_p_abtch0_5	Section Header: <i>Parent Report About Child (As used in National Survey of Children's Health)</i> Ages 0-5 Does this child have any of the following?	descriptive
	1645	dfs_p_abtch_0_5_q1	Deafness or problems with hearing?	yesno <div><div>1</div><div>Yes</div></div> <div><div>0</div><div>No</div></div> Custom alignment: RH
	1646	dfs_p_abtch_0_5_q2	Blindness or problems with seeing even when wearing glasses?	yesno <div><div>1</div><div>Yes</div></div> <div><div>0</div><div>No</div></div> Custom alignment: RH
	1647	dfs_p_abtch6_11	Ages 6-11 Does this child have any of the following?	descriptive

	1648	dfs_p_abtch_6_11_q1	Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes							
0	No							
	1649	dfs_p_abtch_6_11_q2	Serious difficulty walking or climbing stairs?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes							
0	No							
	1650	dfs_p_abtch_6_11_q3	Difficulty dressing or bathing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes							
0	No							
	1651	dfs_p_abtch_6_11_q4	Deafness or problems with hearing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes							
0	No							
	1652	dfs_p_abtch_6_11_q5	Blindness or problems with seeing even when wearing glasses?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes							
0	No							
	1653	dfs_p_abtch12	Ages 12+ Does this child have any of the following?	descriptive				
	1654	dfs_p_abtch_12_q1	Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes							
0	No							
	1655	dfs_p_abtch_12_q2	Serious difficulty walking or climbing stairs?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes							
0	No							
	1656	dfs_p_abtch_12_q3	Difficulty dressing or bathing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes							
0	No							
	1657	dfs_p_abtch_12_q4	Difficulty doing errands alone, such as visiting a doctor's office or shopping, because of a physical mental, or emotional condition?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes							
0	No							

	1658	dfs_p_abtch_12_q5	Deafness or problems with hearing?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes							
0	No							
	1659	dfs_p_abtch_12_q6	Blindness or problems with seeing even when wearing glasses?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes							
0	No							
	1660	dfs_addtlguide1	Additional Guidance: For studies wanting to collect more than this short 6-item set, it is recommended to use the Washington Group / UNICEF Child Functioning Module, which serves as an international standard for assessing disability in children 2-4, and 5-17: https://www.washingtongroupdisability.com/question-sets/wgunicef-child-functioning-module-cfm/	descriptive				
	1661	cschch_desc	Section Header: <i>Special Health Care Needs (Tier 2) Parent Report About Child</i> CSHCN: https://www.cahmi.org/projects/children-with-special-health-care-needs-screener/ Special Health Care Needs 5 Item Screener https://depts.washington.edu/dbpeds/Screening%20Tools/CSHCN-CAMHIScreener.pdf	descriptive				
	1662	dfs_p_abtch_hc1	1. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes							
0	No							
	1663	dfs_p_abtch_hc1a Show the field ONLY if: [dfs_p_abtch_hc1] = '1'	1a. Is this because of ANY medical, behavioral or other health condition?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes							
0	No							
	1664	dfs_p_abtch_hc1b Show the field ONLY if: [dfs_p_abtch_hc1] = '1'	1b. Is this a condition that has lasted or is expected to last for at least 12 months?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes							
0	No							
	1665	dfs_p_abtch_hc2	2. Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes							
0	No							
	1666	dfs_p_abtch_hc2a Show the field ONLY if: [dfs_p_abtch_hc2] = '1'	2a. Is this because of ANY medical, behavioral or other health condition?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes							
0	No							

1667	dfs_p_abtch_hc2b Show the field ONLY if: [dfs_p_abtch_hc2] = '1'	2b. Is this a condition that has lasted or is expected to last for at least 12 months?	yesno 1 Yes 0 No Custom alignment: RH
1668	dfs_p_abtch_hc3	3. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?	yesno 1 Yes 0 No Custom alignment: RH
1669	dfs_p_abtch_hc3a Show the field ONLY if: [dfs_p_abtch_hc3] = '1'	3a. Is this because of ANY medical, behavioral or other health condition?	yesno 1 Yes 0 No Custom alignment: RH
1670	dfs_p_abtch_hc3b Show the field ONLY if: [dfs_p_abtch_hc3] = '1'	3b. Is this a condition that has lasted or is expected to last for at least 12 months?	yesno 1 Yes 0 No Custom alignment: RH
1671	dfs_p_abtch_hc4	4. Does your child need or get special therapy, such as physical, occupational or speech therapy?	yesno 1 Yes 0 No Custom alignment: RH
1672	dfs_p_abtch_hc4a Show the field ONLY if: [dfs_p_abtch_hc4] = '1'	4a. Is this because of ANY medical, behavioral or other health condition?	yesno 1 Yes 0 No Custom alignment: RH
1673	dfs_p_abtch_hc4b Show the field ONLY if: [dfs_p_abtch_hc4] = '1'	4b. Is this a condition that has lasted or is expected to last for at least 12 months?	yesno 1 Yes 0 No Custom alignment: RH
1674	dfs_p_abtch_hc5	5. Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling?	yesno 1 Yes 0 No Custom alignment: RH
1675	dfs_p_abtch_hc5a Show the field ONLY if: [dfs_p_abtch_hc5] = '1'	5a. Has this problem lasted or is it expected to last for at least 12 months?	yesno 1 Yes 0 No Custom alignment: RH

	1676	dfs_addtnlguide	Guidance: If respondents answer that children have any of these special needs or limitations and that the problem has lasted or is expected to last 12 months or more, children are classified as special needs and are asked more questions than children without special needs. The survey includes information on how often during the past 12 months medical, behavioral, or other health conditions affected the ability of the children identified as having special needs to do things other children of the same age do; how much these conditions affect the children's ability; and how often children's health care needs change.	descriptive Field Annotation: Functional Disability Inventory https://pubmed.ncbi.nlm.nih.gov/16480823/										
	1677	dfs_ch8_17_fdi_desc	Section Header: <i>Normative Physical Functional Status Child Self Report (Ages 8-17)</i> When people are sick or not feeling well, it is sometimes difficult for them to do their regular activities.	descriptive Field Annotation: Functional Disability Inventory https://pubmed.ncbi.nlm.nih.gov/16480823/										
	1678	dfs_ch8_17_fdi_q1	Section Header: <i>In the past two weeks, would you have had any physical trouble or difficulty doing these activities?</i> 1. Walking to the bathroom	radio (Matrix) <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible
0	No trouble													
1	A little trouble													
2	Some trouble													
3	A lot of trouble													
4	Impossible													
	1679	dfs_ch8_17_fdi_q2	2. Walking up stairs	radio (Matrix) <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible
0	No trouble													
1	A little trouble													
2	Some trouble													
3	A lot of trouble													
4	Impossible													
	1680	dfs_ch8_17_fdi_q3	3. Doing something with a friend. (For example, playing a game.)	radio (Matrix) <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible
0	No trouble													
1	A little trouble													
2	Some trouble													
3	A lot of trouble													
4	Impossible													
	1681	dfs_ch8_17_fdi_q4	4. Doing chores at home	radio (Matrix) <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible
0	No trouble													
1	A little trouble													
2	Some trouble													
3	A lot of trouble													
4	Impossible													
	1682	dfs_ch8_17_fdi_q5	5. Eating regular meals	radio (Matrix) <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible
0	No trouble													
1	A little trouble													
2	Some trouble													
3	A lot of trouble													
4	Impossible													

	1683	dfs_ch8_17_fdi_q6	6. Being up all day without a nap or rest	<div>radio (Matrix)</div> <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible
0	No trouble													
1	A little trouble													
2	Some trouble													
3	A lot of trouble													
4	Impossible													
	1684	dfs_ch8_17_fdi_q7	7. Riding the school bus or traveling in the car	<div>radio (Matrix)</div> <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible
0	No trouble													
1	A little trouble													
2	Some trouble													
3	A lot of trouble													
4	Impossible													
	1685	dfs_ch8_17_fdi_q8	<div>Section Header: Remember, you are being asked about difficulty due to physical health</div> 8. Being at school all day	<div>radio (Matrix)</div> <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible
0	No trouble													
1	A little trouble													
2	Some trouble													
3	A lot of trouble													
4	Impossible													
	1686	dfs_ch8_17_fdi_q9	9. Doing the activities in gym class (or playing sports)	<div>radio (Matrix)</div> <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible
0	No trouble													
1	A little trouble													
2	Some trouble													
3	A lot of trouble													
4	Impossible													
	1687	dfs_ch8_17_fdi_q10	10. Reading or doing homework	<div>radio (Matrix)</div> <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible
0	No trouble													
1	A little trouble													
2	Some trouble													
3	A lot of trouble													
4	Impossible													
	1688	dfs_ch8_17_fdi_q11	11. Watching TV	<div>radio (Matrix)</div> <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible
0	No trouble													
1	A little trouble													
2	Some trouble													
3	A lot of trouble													
4	Impossible													

	1689	dfs_ch8_17_fdi_q12	12. Walking the length of a football field	radio (Matrix) <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible
0	No trouble													
1	A little trouble													
2	Some trouble													
3	A lot of trouble													
4	Impossible													
	1690	dfs_ch8_17_fdi_q13	13. Running the length of a football field	radio (Matrix) <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible
0	No trouble													
1	A little trouble													
2	Some trouble													
3	A lot of trouble													
4	Impossible													
	1691	dfs_ch8_17_fdi_q14	14. Going shopping	radio (Matrix) <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible
0	No trouble													
1	A little trouble													
2	Some trouble													
3	A lot of trouble													
4	Impossible													
	1692	dfs_ch8_17_fdi_q15	15. Getting to sleep at night and staying asleep	radio (Matrix) <table><tr><td>0</td><td>No trouble</td></tr><tr><td>1</td><td>A little trouble</td></tr><tr><td>2</td><td>Some trouble</td></tr><tr><td>3</td><td>A lot of trouble</td></tr><tr><td>4</td><td>Impossible</td></tr></table>	0	No trouble	1	A little trouble	2	Some trouble	3	A lot of trouble	4	Impossible
0	No trouble													
1	A little trouble													
2	Some trouble													
3	A lot of trouble													
4	Impossible													
	1693	devmilestone	Section Header: <i>Developmental Milestones (Tier 2)</i> • Parent Report About Child (Ages 0-5) by age bands:• SWYC: https://www.tuftschildrenshospital.org/The-Survey-of-Wellbeing-of-Young-Children/Age-Specific-Forms	descriptive										
	1694	dfs_p_abtch_ddss1	Section Header: <i>Developmental Delay Screening/Surveillance (Tier 1) Parent Report about Child (Ages 9 months-5 years)</i> DURING THE PAST 12 MONTHS, did this child see a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations, or any other kind of medical care?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: National Survey of Children's Health Modified to ask whether the parent had a concern about developmental milestones that was not asked by provider Note: can add skip logic https://jamanetwork.com/journals/jamapediatrics/fullarticle/2686728	1	Yes	0	No						
1	Yes													
0	No													
	1695	dfs_p_abtch_ddss2	DURING THE PAST 12 MONTHS, did you, another family member or a friend have concerns about this child's learning, development, or behavior?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No						
1	Yes													
0	No													

	1696	dfs_p_abtch_ddss3	DURING THE PAST 12 MONTHS, did this child's doctors or other health care providers ask if you have concerns about this child's learning, development, or behavior?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No		
1	Yes									
0	No									
	1697	dfs_p_abtch_ddss4	DURING THE PAST 12 MONTHS, did you, another family member or a friend have concerns about this child's learning, development, or behavior that wasn't asked about by your provider?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No		
1	Yes									
0	No									
	1698	dfs_p_abtch_ddss5	DURING THE PAST 12 MONTHS, did a doctor or other health care provider have you or another caregiver fill out a questionnaire about observations or concerns you may have about this child's development, communication, or social behaviors? Sometimes a child's doctor or other health care provider will ask a parent to do this at home or during a child's visit.	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No		
1	Yes									
0	No									
	1699	dfs_p_abtch_ddss5a Show the field ONLY if: [dfs_p_abtch_ddss5] = '1'	If yes, did the questionnaire ask about your concerns or observations about: Mark ALL that apply.	checkbox <table><tr><td>1</td><td>dfs_p_abtch_ddss5a__1</td><td>How this child talks or makes speech sounds?</td></tr><tr><td>2</td><td>dfs_p_abtch_ddss5a__2</td><td>How this child interacts with you and others?</td></tr></table> Custom alignment: LV	1	dfs_p_abtch_ddss5a__1	How this child talks or makes speech sounds?	2	dfs_p_abtch_ddss5a__2	How this child interacts with you and others?
1	dfs_p_abtch_ddss5a__1	How this child talks or makes speech sounds?								
2	dfs_p_abtch_ddss5a__2	How this child interacts with you and others?								
	1700	dfs_p_abtch_ddss5b Show the field ONLY if: [dfs_p_abtch_ddss5] = '1'	If yes, and this child is 2-5 years of age: Did the questionnaire ask about your concerns or observations about: Mark ALL that apply.	checkbox <table><tr><td>1</td><td>dfs_p_abtch_ddss5b__1</td><td>Words and phrases this child uses and understands?</td></tr><tr><td>2</td><td>dfs_p_abtch_ddss5b__2</td><td>How this child behaves and gets along with you and others?</td></tr></table> Custom alignment: LV	1	dfs_p_abtch_ddss5b__1	Words and phrases this child uses and understands?	2	dfs_p_abtch_ddss5b__2	How this child behaves and gets along with you and others?
1	dfs_p_abtch_ddss5b__1	Words and phrases this child uses and understands?								
2	dfs_p_abtch_ddss5b__2	How this child behaves and gets along with you and others?								
	1701	disability_functional_status_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
1	Unverified									
2	Complete									

Instrument: **Baseline Child Health 2** (baseline_child_health_2)  Enabled as survey[^ Collapse](#) [Collapse](#)

	1702	bch_under_cond_bio	<div>Section Header: <i>Underlying Conditions (from Biomedical WG)</i></div> <div>Significant underlying medical conditions at the time of COVID-19 testing or diagnosis:</div>	<div>checkbox</div> <table><tr><td>1</td><td>bch_under_cond_bio__1</td><td>Diabetes type I</td></tr><tr><td>2</td><td>bch_under_cond_bio__2</td><td>Diabetes type II</td></tr><tr><td>3</td><td>bch_under_cond_bio__3</td><td>Obesity</td></tr><tr><td>4</td><td>bch_under_cond_bio__4</td><td>Asthma</td></tr><tr><td>5</td><td>bch_under_cond_bio__5</td><td>Bronchopulmonary dysplasia (BPD)</td></tr><tr><td>6</td><td>bch_under_cond_bio__6</td><td>Cystic fibrosis</td></tr><tr><td>7</td><td>bch_under_cond_bio__7</td><td>Obstructive sleep apnea</td></tr><tr><td>8</td><td>bch_under_cond_bio__8</td><td>Tracheomalacia</td></tr><tr><td>9</td><td>bch_under_cond_bio__9</td><td>Cancer</td></tr><tr><td>10</td><td>bch_under_cond_bio__10</td><td>HIV/AIDS</td></tr></table>	1	bch_under_cond_bio__1	Diabetes type I	2	bch_under_cond_bio__2	Diabetes type II	3	bch_under_cond_bio__3	Obesity	4	bch_under_cond_bio__4	Asthma	5	bch_under_cond_bio__5	Bronchopulmonary dysplasia (BPD)	6	bch_under_cond_bio__6	Cystic fibrosis	7	bch_under_cond_bio__7	Obstructive sleep apnea	8	bch_under_cond_bio__8	Tracheomalacia	9	bch_under_cond_bio__9	Cancer	10	bch_under_cond_bio__10	HIV/AIDS
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				<table><tr><td>11</td><td>bch_under_cond_bio__11</td><td>Hematopoietic cell recipient/bone marrow transplant recipient</td></tr><tr><td>12</td><td>bch_under_cond_bio__12</td><td>Solid organ transplant recipient</td></tr><tr><td>13</td><td>bch_under_cond_bio__13</td><td>Rheumatologic conditions (e.g. rheumatoid arthritis, systemic lupus erythematosus, vasculitis)</td></tr><tr><td>14</td><td>bch_under_cond_bio__14</td><td>Hypertension</td></tr><tr><td>15</td><td>bch_under_cond_bio__15</td><td>Congenital heart disease</td></tr><tr><td>16</td><td>bch_under_cond_bio__16</td><td>Heart failure</td></tr><tr><td>17</td><td>bch_under_cond_bio__17</td><td>Cardiomyopathy</td></tr><tr><td>18</td><td>bch_under_cond_bio__18</td><td>History of Kawasaki Disease (not a current diagnosis)</td></tr><tr><td>19</td><td>bch_under_cond_bio__19</td><td>History of MIS-C (not a current diagnosis)</td></tr><tr><td>20</td><td>bch_under_cond_bio__20</td><td>Inflammatory bowel disease</td></tr><tr><td>21</td><td>bch_under_cond_bio__21</td><td>Feeding tube dependent</td></tr><tr><td>22</td><td>bch_under_cond_bio__22</td><td>Sickle cell disease</td></tr><tr><td>23</td><td>bch_under_cond_bio__23</td><td>Thrombotic disorders</td></tr><tr><td>24</td><td>bch_under_cond_bio__24</td><td>Chronic liver disease</td></tr><tr><td>25</td><td>bch_under_cond_bio__25</td><td>Chronic kidney disease</td></tr><tr><td>26</td><td>bch_under_cond_bio__26</td><td>Seizure disorder/epilepsy</td></tr><tr><td>27</td><td>bch_under_cond_bio__27</td><td>Eczema</td></tr><tr><td>28</td><td>bch_under_cond_bio__28</td><td>Physical disability (including cerebral palsy)</td></tr><tr><td>29</td><td>bch_under_cond_bio__29</td><td>Down syndrome</td></tr><tr><td>30</td><td>bch_under_cond_bio__30</td><td>Congenital syndromes/anomalies or genetic conditions including other chromosomal syndromes</td></tr><tr><td>31</td><td>bch_under_cond_bio__31</td><td>Premature or neonatal conditions</td></tr><tr><td>32</td><td>bch_under_cond_bio__32</td><td>Pregnancy (if of reproductive age)</td></tr><tr><td>96</td><td>bch_under_cond_bio__96</td><td>Other conditions (specify)</td></tr></table> <p>Custom alignment: LV Field Annotation: WHO Post COVID Case Report Form WG pediatric modifications https://www.who.int/publications/i/item/global-covid-19-clinical-platform-case-report-form-(crf)-for-post-covid-conditions-(post-covid-19-crf)-#:~:text=WHO's%20Post%20COVID%20case%20report,be%20available%20in%20</p>	11	bch_under_cond_bio__11	Hematopoietic cell recipient/bone marrow transplant recipient	12	bch_under_cond_bio__12	Solid organ transplant recipient	13	bch_under_cond_bio__13	Rheumatologic conditions (e.g. rheumatoid arthritis, systemic lupus erythematosus, vasculitis)	14	bch_under_cond_bio__14	Hypertension	15	bch_under_cond_bio__15	Congenital heart disease	16	bch_under_cond_bio__16	Heart failure	17	bch_under_cond_bio__17	Cardiomyopathy	18	bch_under_cond_bio__18	History of Kawasaki Disease (not a current diagnosis)	19	bch_under_cond_bio__19	History of MIS-C (not a current diagnosis)	20	bch_under_cond_bio__20	Inflammatory bowel disease	21	bch_under_cond_bio__21	Feeding tube dependent	22	bch_under_cond_bio__22	Sickle cell disease	23	bch_under_cond_bio__23	Thrombotic disorders	24	bch_under_cond_bio__24	Chronic liver disease	25	bch_under_cond_bio__25	Chronic kidney disease	26	bch_under_cond_bio__26	Seizure disorder/epilepsy	27	bch_under_cond_bio__27	Eczema	28	bch_under_cond_bio__28	Physical disability (including cerebral palsy)	29	bch_under_cond_bio__29	Down syndrome	30	bch_under_cond_bio__30	Congenital syndromes/anomalies or genetic conditions including other chromosomal syndromes	31	bch_under_cond_bio__31	Premature or neonatal conditions	32	bch_under_cond_bio__32	Pregnancy (if of reproductive age)	96	bch_under_cond_bio__96	Other conditions (specify)
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96	bch_under_cond_bio__96	Other conditions (specify)																																																																							
1703	<div>bch_under_cond_bio_oth</div> <div>Show the field ONLY if: [bch_under_cond_bio(96)] = '1'</div>	Specify other	text																																																																						

	1704	bch_pan_cond	Premature and Neonatal Conditions (Tier 2)	<div>checkbox</div> <table><tr><td>1</td><td>bch_pan_cond__1</td><td>Fetal malnutrition</td></tr><tr><td>2</td><td>bch_pan_cond__2</td><td>Extreme immaturity</td></tr><tr><td>3</td><td>bch_pan_cond__3</td><td>Cerebral hemorrhage at birth</td></tr><tr><td>4</td><td>bch_pan_cond__4</td><td>Spinal cord injury at birth</td></tr><tr><td>5</td><td>bch_pan_cond__5</td><td>Birth asphyxia</td></tr><tr><td>6</td><td>bch_pan_cond__6</td><td>Respiratory diseases</td></tr><tr><td>7</td><td>bch_pan_cond__7</td><td>Hypoxic-ischemic encephalopathy</td></tr><tr><td>96</td><td>bch_pan_cond__96</td><td>Other</td></tr></table> <div>Custom alignment: LV Field Annotation: Feudtner C, Feinstein JA, Zhong W, Hall M, Dai D. Pediatric complex chronic conditions classification system version 2: updated for ICD-10 and complex medical technology dependence and transplantation. BMC Pediatr. 2014 Aug 8;14:199. doi: 10.1186/1471-2431-14-199. PMID: 25102958; PMCID: PMC4134331. https://pubmed.ncbi.nlm.nih.gov/25102958/</div>	1	bch_pan_cond__1	Fetal malnutrition	2	bch_pan_cond__2	Extreme immaturity	3	bch_pan_cond__3	Cerebral hemorrhage at birth	4	bch_pan_cond__4	Spinal cord injury at birth	5	bch_pan_cond__5	Birth asphyxia	6	bch_pan_cond__6	Respiratory diseases	7	bch_pan_cond__7	Hypoxic-ischemic encephalopathy	96	bch_pan_cond__96	Other																		
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96	bch_pan_cond__96	Other																																												
	1705	bch_pan_cond_oth <div>Show the field ONLY if: [bch_pan_cond(96)] = '1'</div>	Specify other	text																																										
	1706	bch_under_cond_psych	<div>Section Header: <i>Underlying Conditions (from Psychosocial WG)</i></div> <div>Significant underlying conditions at the time of COVID-19 testing or diagnosis:</div>	<div>checkbox</div> <table><tr><td>1</td><td>bch_under_cond_psych__1</td><td>Tourette Syndrome</td></tr><tr><td>2</td><td>bch_under_cond_psych__2</td><td>Depression</td></tr><tr><td>3</td><td>bch_under_cond_psych__3</td><td>Anxiety problems</td></tr><tr><td>4</td><td>bch_under_cond_psych__4</td><td>Autism, Asperger's Disorder, pervasive developmental disorder or other autism spectrum disorder</td></tr><tr><td>5</td><td>bch_under_cond_psych__5</td><td>Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder (ADD/ADHD)</td></tr><tr><td>6</td><td>bch_under_cond_psych__6</td><td>Chronic fatigue</td></tr><tr><td>7</td><td>bch_under_cond_psych__7</td><td>Post-traumatic stress disorder (PTSD)</td></tr><tr><td>8</td><td>bch_under_cond_psych__8</td><td>Suicidal thoughts or behaviors</td></tr><tr><td>9</td><td>bch_under_cond_psych__9</td><td>Mania or bipolar disorder</td></tr><tr><td>10</td><td>bch_under_cond_psych__10</td><td>Behavioral disorder or conduct problems</td></tr><tr><td>11</td><td>bch_under_cond_psych__11</td><td>Developmental delay</td></tr><tr><td>12</td><td>bch_under_cond_psych__12</td><td>Intellectual disability (formerly known as mental retardation)</td></tr><tr><td>13</td><td>bch_under_cond_psych__13</td><td>Speech or other language disorder</td></tr><tr><td>14</td><td>bch_under_cond_psych__14</td><td>Learning disability</td></tr></table> <div>Custom alignment: LV Field Annotation: National Survey of Children's Health, 2020 Questionnaire Modified to add "Chronic fatigue", "PTSD", "Suicidal thoughts or behaviors" and "mania or bipolar disorder" https://mchb.hrsa.gov/data/national-surveys/questionnaires-datasets-supporting-documents</div>	1	bch_under_cond_psych__1	Tourette Syndrome	2	bch_under_cond_psych__2	Depression	3	bch_under_cond_psych__3	Anxiety problems	4	bch_under_cond_psych__4	Autism, Asperger's Disorder, pervasive developmental disorder or other autism spectrum disorder	5	bch_under_cond_psych__5	Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder (ADD/ADHD)	6	bch_under_cond_psych__6	Chronic fatigue	7	bch_under_cond_psych__7	Post-traumatic stress disorder (PTSD)	8	bch_under_cond_psych__8	Suicidal thoughts or behaviors	9	bch_under_cond_psych__9	Mania or bipolar disorder	10	bch_under_cond_psych__10	Behavioral disorder or conduct problems	11	bch_under_cond_psych__11	Developmental delay	12	bch_under_cond_psych__12	Intellectual disability (formerly known as mental retardation)	13	bch_under_cond_psych__13	Speech or other language disorder	14	bch_under_cond_psych__14	Learning disability
1	bch_under_cond_psych__1	Tourette Syndrome																																												
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	1707	baseline_child_health_2_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete									
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2	Complete									